Healthy Families Healthy Youth: Year Two Final Program Evaluation Report

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Prepared for:
The Governor’s Office of Youth, Faith and Family

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LET’S WIN THIS YEAR!
“KEEP THEM SAFE”

Healthy Families/Healthy Youth Pilot Program
Governor’s Office of Youth, Faith and Family

Santa Cruz County
School Superintendent’s Office
Alfredo I. Velásquez
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Executive Summary

The Healthy Families Healthy Youth (HFHY) Program was developed in 2016 by the Arizona Governor’s Office of Youth, Faith and Family (GOYFF) in collaboration with substance abuse professionals in the state of Arizona. The Southwest Interdisciplinary Research Center (SIRC) Office of Evaluation and Partner Contracts was contracted as a third party to evaluate the HFHY Pilot Program. The program was designed for 7th grade students and their parents with the goals of increasing knowledge of the effects of drug use, improving youth and parent(s)/caregiver(s) communication about substance use, and increasing awareness of current drug trends. The culminating experience of the program is the creation of a family substance use prevention plan which is intended to guide youth throughout the school year.

In 2016, the HFHY Program was pilot tested with 15 schools across the state of Arizona. In 2017, the program was expanded to a total of 53 schools, with at least one school in 14 Arizona Counties (there were no schools in Mohave County which participated). Similar to the previous implementation, schools were selected by each county’s superintendent’s office. The Year Two Final Program Evaluation Report details the work and presents the findings of the evaluation conducted during 2017.

Participating schools were encouraged to use a back-to-school night format, with the program taking place outside of regular school hours. The program was designed to be delivered over the course of two and a half hours. It began with a brief introductory session presented by a school administrator, usually the principal. The introduction was for both youth and adults. Following the introduction, adults and youth were divided into separate sessions. During these separate group sessions, adults and youth were given information about drug use and avoidance strategies, as well as conversation prompts to help initiate dialogue later in the program. After these separate sessions, youth and adults were brought back together to share a meal and discuss topics. It was during this meal that families would develop their family prevention plan.

Participants:

On the night of the programs, there were a total of 1,139 adults and 1,127 youth who completed the pre survey, and 1,037 adults and 1,063 youth who completed the post survey. Ultimately there were 200 adults and 191 youth who completed the follow-up survey several months later. This final report summarizes the outcomes from 1,006 adults with matched pre and post surveys and the 180 adults with matched pre, post and follow-up surveys. For youth, the outcomes are from 1,020 youth matched pre and post surveys and the 176 youth matched pre, post and follow-up surveys.
Findings:
Immediately following the completion of the program, adults and youth experienced improvements across multiple dimensions related to substance use communication and perceptions. Adults and youth also demonstrated improvements in various measures three months after completion of the program. This provides evidence for longer-term efficacy of the program. All individuals involved in the program, including adults, youth, facilitators and coordinators, reported high levels of satisfaction with the program.

### Adults

<table>
<thead>
<tr>
<th>Immediate Outcomes</th>
<th>Longer-Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased familiarity with pressure points and two-way conversations</td>
<td>• Maintained high levels of familiarity with pressure points and two-way conversations</td>
</tr>
<tr>
<td>• Experienced significant improvements in dimensions related to program influence,</td>
<td>• Experienced significant improvements in constructs related to program influence,</td>
</tr>
<tr>
<td>adult substance use disapproval, perceived youth risk, family norms, and youth</td>
<td>communication, family norms and youth exposure to substance use</td>
</tr>
<tr>
<td>exposure to substance use</td>
<td>• Demonstrated positive changes in knowledge and communication about substance use</td>
</tr>
<tr>
<td>• Demonstrated high levels of satisfaction with participation in the program</td>
<td></td>
</tr>
</tbody>
</table>

### Youth

<table>
<thead>
<tr>
<th>Immediate Outcomes</th>
<th>Longer-Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased familiarity with pressure points, and knowledge about youth susceptibility to addiction</td>
<td>• Maintained high levels of familiarity with pressure points and two way conversations</td>
</tr>
<tr>
<td>• Experienced significant improvements in dimensions related to communication about substance use, perceived risk of substance use, substance use family norms, and peer disapproval</td>
<td>• Experienced significant improvements in constructs related to communication about substance use, parental disapproval, perceived risk and family norms</td>
</tr>
<tr>
<td>• Demonstrated high levels of satisfaction with participation in the program</td>
<td>• Demonstrated positive changes in knowledge and communication about substance use</td>
</tr>
</tbody>
</table>

Bringing up my child’s pressure points was the most valuable thing I learned. Reminding me of the importance of having repeated two-way conversation about drugs and alcohol even though I believe they are good kids.

I’m so glad I went to this special night and learned so much about drugs and how dangerous they are.
Background

The Healthy Families Healthy Youth (HFHY) Program was developed in 2016 by the Arizona Governor’s Office of Youth, Faith and Family (GOYFF) in collaboration with substance abuse professionals in the state of Arizona. The Southwest Interdisciplinary Research Center (SIRC) Office of Evaluation and Partner Contracts was contracted as a third party to evaluate the HFHY Pilot Program. The program was designed for 7th grade students and their parents with the goals of increasing knowledge of the effects of drug use, improving youth and parent(s)/caregiver(s) family norms, and increasing awareness of current drug trends. The culminating experience of the program is the creation of a family substance use prevention plan which is intended to guide youth throughout the school year. In 2016, the HFHY Program was pilot tested with 15 schools across the state of Arizona.

This Year Two Final Program Evaluation Report details the work and presents the findings of the evaluation conducted during 2017. In 2017, the program was expanded to a total of 53 schools, with at least one school in 14 Arizona Counties (there were no schools in Mohave County which participated). Similar to the previous implementation, schools were selected by each county’s superintendent’s office. A list of the schools and their implementation dates is shown in Appendix 1.

On the night of the programs, there were a total of 1,139 adults and 1,127 youth who completed the pre survey, and 1,037 adults and 1,063 youth who completed the post survey. Ultimately, there were 200 adults and 191 youth who completed the follow-up survey several months later. This final report summarizes the outcomes from 1,006 adults with matched pre and post surveys and the 180 adults with matched pre and follow-up surveys. For youth, the outcomes are from 1,020 youth matched pre and post surveys and the 176 youth matched pre and follow-up surveys.

Participating schools had teams of trained facilitators and coordinators to deliver the program. Although the curriculum delivery was strictly structured, schools were given some discretion to tailor their programs to meet the needs of their communities. School coordinators were responsible for all recruitment, advertising and logistics activities associated with the program. Coordinators were responsible for determining the time and date in August and September 2017 with the final event taking place on September 28, 2017. Most schools chose to implement the program on a single evening, but two schools chose to conduct multiple events.

Although programmatic revisions were made to the HFHY Program based on the feedback from the 2016 evaluation, the program maintained a similar format. Participating schools were...
encouraged to use a *back-to-school night* format, with the program taking place outside of regular school hours. The program was designed to be delivered over the course of two and a half hours. It began with a brief introductory session presented by a school administrator, usually the principal. The introduction was for both youth and adults. Following the introduction, adults and youth were divided into separate sessions. During these separate group sessions, adults and youth were given information about drug use and avoidance strategies, as well as conversation prompts to help initiate dialogue later in the program. After these separate sessions, youth and adults were brought back together to share a meal and discuss topics. It was during this meal that families would develop their family prevention plan.

**Methodology**

SIRC has been responsible for the evaluation of the HFHY Program since the pilot implementation in 2016. As a long-term goal of the GOYFF was to have the HFHY Program recognized as an Evidence-Based Program, a more rigorous evaluation methodology was adopted for the 2017 program implementation. For that reason, the instruments utilized in 2016 were changed. Adults and youth were now asked to complete three waves of surveys as a part of the program. The pre survey was administered before participating in the program, the post survey was immediately after completion of the program, and the follow-up survey taken three months after the program. SIRC worked with the GOYFF to ensure the surveys developed for the implementation in 2017 accurately reflected the objectives of the program. All instruments and protocols were submitted to and approved by the Arizona State University Institutional Review Board for Human Subjects Research.

**Family Packets**

Immediately upon arriving at the HFHY Program, families were given a Family Survey Packet which contained multiple surveys and instructions. The packet contained the pre surveys, post surveys, and follow-up surveys for both youth and adults. The Family Survey Packet also contained the adult information letters, youth assent letters, follow-up survey instructions, and pre-paid return envelope for the follow-up surveys. Each item in the Family Survey Packet was also color coded to simplify instructions and survey collection. Once families received their packets they were asked to write the name and address of the parents on the front label of the envelope to facilitate in the distribution of the follow-up surveys three months after the completion of the program.

**Consent Process**

In accordance with the standards set by the ASU Institutional Review Board, all required assent, consent, and permission forms were collected from participants. The consent and survey administration was led by Collaborative Institutional Training Initiative (CITI) Certified ASU-SIRC staff. During the introduction portion of the HFHY Program, when adults and youth were together, parents were instructed to open the Family Survey Packet and review the Adult
Consent and Permission Letter. This letter provided parent(s)/guardian(s) with more information about the program, and had two places to sign. The first signature granted consent for the adult to take part in all three surveys, and the second signature was for the parent(s)/guardian(s) to grant permission for their youth to take part in all three surveys. Further, at no point during the survey administration would surveys be given directly to youth; it was the responsibility of the parent(s)/guardian(s) to give the surveys to their youth if they wished for their youths’ participation. Surveys would only be accepted from those individuals who had signed the Adult Consent and Permission Letter.

After signing the Adult Consent and Permission Letter, adults would give their youth the Youth Pre survey, and proceed to complete the Adult Pre survey. Youth who were given the Youth Pre survey were then asked to read the Youth Pre survey Information Letter which was the first page of the survey. By continuing with the survey, youth were giving their assent to participate in the survey.

Having already consented to take all three surveys by signing the Adult Consent and Permission Letter, for the proceeding Adult Post and Follow-up Surveys, adults were provided information letters for both surveys. These letters once again provided background to the project and by continuing with the survey, adults were once again giving their consent to participate.

**Instruments**

All efforts were made to ensure that the surveys were not overly time consuming to accommodate the limited time for the program. Surveys and instructions were designed to take around 15 minutes to complete. For both youth and adults, many of the survey questions were shared across all three surveys. This was done to gain a better understanding of the impact of the program over time.

Further, as the ambition of the program was to be recognized as Evidence-Based, validated scales were used which reflected the objectives of the program. Survey scales were collected from a variety of sources, with the main source being the Arizona Youth Survey (AYS). The AYS is a biannual survey collected from 8th, 10th, and 12th grade students across the state of Arizona which captures data about attitudes and behaviors concerning drugs and alcohol. These questions had previously been validated. Minor changes were made for these scales, but subsequent testing showed these scales to maintain construct validity. Additional survey items were collected and modified from existing validated scales.
Distribution
Trained SIRC staff were responsible for administering the surveys at all HFHY Events. As previously mentioned, all survey materials were distributed in the Family Survey Packet when families arrived on the night of the event. Adults were given detailed instructions on how to complete the surveys, and were supervised by SIRC researchers. Prior to taking part in the program, adults and youth were requested to complete the pre surveys. These surveys were then collected by SIRC staff. Adult Consent and Permission Letters were collected separately from the pre surveys to maintain anonymity and ensure adult consent/permission. Families then began the program. Immediately upon completion of the program, adults and youth were requested to complete post surveys. As families turned in their post surveys, they also returned their Family Survey Packets, which contained all the remaining materials for the follow-up survey. All surveys collected on the night of the event were taken by researchers from ASU. The Family Survey Packets were left with schools for the dissemination of follow-up materials.

The distribution of Family Survey Packets which contained the follow-up materials was done at the discretion of each school’s Data Coordinator. SIRC and GOYFF provided some guidance on distribution methods, and sent multiple reminders to the Data Coordinators. Some chose to send the materials with students, while others decided to mail the packets directly to families. Detailed instructions on how to complete the Youth and Adult Follow-up Surveys were included in the survey packets. Participants were instructed to place completed surveys in the postage-paid envelope, which was addressed SIRC.

Survey Matching
During the planning stages of the project it was determined that it would be important to be able to match surveys. By matching surveys it would facilitate comparisons over time and enable more powerful statistical analyses. In order to facilitate survey matching, each survey in the Family Survey Packet was given a unique Family ID prior to distribution. Surveys also contained a school code to ensure the accuracy of matching. The family ID made it possible to match the surveys across the three waves of data collection.

Response Rate
There were a total of 1,139 adults and 1,127 youth who completed the pre survey. Although researchers from SIRC took efforts to ensure every individual who took part in the pre survey also completed the post survey, families often had to leave the program early for other commitments, so there was attrition from pre to post. There were 1,037 adults and 1,063 youth who completed the post survey. Ultimately there were 200 adults and 191 youth who completed the follow-up survey approximately three months later.
Using a unique Survey ID code attached to each survey, the pre and post surveys were matched. For analysis, there were 1,006 adults and 1,020 youth with matched pre and post surveys. This accounts for an 88.3% response rate for adults and a 90.5% response rate for youth.

As previously discussed, three months after completing the program, families were requested to take part in the follow-up survey. Using the unique Survey ID code attached to each survey, the pre, post and follow-up surveys were matched. As might be expected, there was a substantial attrition rate from the pre to follow-up. There were ultimately 180 adults and 176 youth who had matched responses on all three surveys. This equates to a 15.8% response rate for adults and a 15.6% response rate for youth.

This final report summarizes the outcomes from 1,006 adults with matched pre and post surveys and the 180 adults with matched pre and follow-up surveys. For youth, the outcomes are from 1,020 youth matched pre and post surveys and the 176 youth matched pre and follow-up surveys.

Analysis Plan
There was a significant amount of data collected as a part of the adult and youth pre, post and follow-up surveys. As a result, an analysis plan was developed to ensure the most comprehensive assessment of the program.

The HFHY Preliminary Report analyzed data from the pre and post surveys. For that report, significance testing was done using paired sample t-tests for each matched item. T-tests are a method to examine if there is a significant difference between two groups. For both the youth and adults, those who completed the pre survey and those who completed the post survey were matched and then analyzed using the paired samples t-test. This test was used to determine if there was a significant change for the youth or adults from their participating in the HFHY Program.

This HFHY Year Two Final Report is a cumulative analysis of all the data collected for the program, including the follow-up survey. The analysis for this report is meant to highlight the long-term impact of the program, and therefore warranted a different approach to analysis.

The findings herein highlight the results from factor analysis performed on the item scales to determine significance. For this report, after data entry and cleaning for the pre, post, and follow-up surveys were complete, the various question/item scales utilized on the surveys were analyzed. On both the adult and youth pre survey data, factor analyses were run to ensure construct validity. These factor analyses utilized a Maximum Likelihood method of extraction and Varimax Rotation method. After conducting the factor analyses, Cronbach’s alpha statistics were run to measure the internal consistency within each scale and therefore, to determine the extent to which the items were related. Next, mean scores for each new scale were calculated to compute a composite score for those questions that were grouped. Then paired sample t-tests were run for these composite scales to determine the long-term influence of the program. A detailed analysis of the factor analyses and composite score generation will be explained in subsequent sections.
The final report also includes an analysis of the open-ended questions asked on the pre, post and follow-up surveys. A thematic analysis was done on these questions to capture salient themes and ideas. Further, descriptive statistics were run for those survey items which were not part of the scales. These data include the program evaluation components on the post and follow-up survey, as well as other stand-alone questions that are relevant to the program.

**Limitations**

Although there were numerous positive outcomes from the HFHY Program, there are also several shortcomings which should be considered when examining the data. Self-selection bias was an issue that was not only relevant to participation in the program, but also in the completion of the surveys. Self-selection bias occurs when participation in a program is voluntary and corresponds to the desired outcome of that program\(^1\). Participation in the HFHY Program was voluntary, and a major objective was to improve communication about drugs and alcohol; it may have attracted participants who were already interested in and knowledgeable about this topic. Additionally, self-selection was a further impact for those individuals who completed the follow-up survey, the basis for many of the analyses.

A further limitation came in regards to the administration of the pre and post program surveys. Given the consent and assent requirements for the survey, adults and youth completed the program next to one another. This proximity may have influenced how some youth, and potentially adults, responded to the surveys.

Lastly, as there were no incentives offered for participation in the follow-up surveys, there were high levels of attrition from pre to follow-up. By losing the input of a high proportion of the participants, the generalizability of the findings may be limited.

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Theoretical Framework

The purpose of the Healthy Families Healthy Youth program is to increase communication about substance use between parents and their adolescent children by developing a plan for the adolescent to avoid substance use. The program was administered after hours, in a school environment to 7th graders. This evaluation coupled with the ecodevelopmental theory can provide a foundation on how to incorporate microsystems and mesosystems into prevention program curriculum. The “ecodevelopmental theory is a conceptual model that describes the interconnections among various sources of risk and protection in adolescents’ lives”\(^2\). The Ecodevelopmental theory is comprised of three integrated elements: 1) social-ecological theory, 2) developmental theory, and 3) social interactions\(^3\). The social-ecological theory consists of four levels: 1) macrosystem, 2) exosystem, 3) mesosystem, and 4) microsystem. The Healthy Families Healthy Youth Program draws upon the three integrated elements, emphasizing the exosystem, mesosystem, and microsystem.

The basis for the conceptual framework of this evaluation was to focus on the ecodevelopmental theory drawing from the microsystem (family, school, and peers), mesosystem (the relationship between the different microsystems), and the exosystem (environmental settings). A variety of variables in each microsystem influences an adolescent’s development. However, of the various microsystems, the most influential on adolescent development is the family\(^4\). In this evaluation, risk and protective factors were examined for substance use with a slight focus on family-school and family-peer relationship (mesosystem) and a primary focus on family (microsystem). The nationally recognized risk and protective factor model and framework were developed by Hawkins, Catalano, and a team of researchers at the University of Washington\(^5\). That framework is used as the basis for the Communities That Care Survey, upon which the Arizona Youth Survey (AYS) is based and from which item/factor scales were also used for these surveys.

Research shows that strong parent-child relationships in communication results in fewer externalizing behaviors\(^6\). In a study conducted by Prado et al.\(^3\), “the findings suggest that adolescents with high ecodevelopmental risk should be targeted for substance abuse prevention” (p. 57). “Adolescents who initiate substance use tend to select friends who are similar in terms of substance use”\(^7\). However, parental control, family cohesion, parental monitoring (family-
peer) and parental academic (family-school) involvement have been found to decrease the risk of substance use amongst adolescents.8

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*Figure 1 HFHY Conceptual Framework*
Adults
There were a total of 1,139 adults who took part in the pre survey for the HFHY Program, with a total of 1,037 adults with completed post surveys. Using a unique Survey ID code attached to each survey, the pre and post surveys were matched for 1,006 adult pre and post matched surveys. The pre post analyses were conducted using the data from the 1,006 adults with matched pre and post surveys.

Approximately three months after completing the program, pre, post, and follow-up surveys were matched using a unique Survey ID code attached to each survey. There were 200 adults who completed the follow-up survey, with 180 adults who had matching pre, post, and follow-up surveys. The follow-up analyses were conducted using the data from the 180 adults with matched pre, post and follow-up surveys.

Demographics
The pre survey for the HFHY Program included demographic questions about race, gender, ethnicity, and age. For the preliminary report, demographics were reported for all 1,139 adults who completed the pre survey as a part of the program. These numbers will remain unchanged, but the demographics of those adults with all three surveys matched will also be reported.

Race
Demographic data were collected on the adult pre survey. The first demographic question asked participants: What is your race? On the pre survey, there were a total of 987 individuals who answered this question, and there were 161 responses by those individuals with all three surveys matched. Of the 987 individuals who responded to this question on the pre survey, the majority (67.5%) identified as White. The other most commonly identified races were American Indian (9.8%) and More than one race (7.8%). When compared to the state of Arizona, there were lower percentages of White, African American or Black, and Asian participants in the HFHY Program. The state census does not account for race not known, other or prefer not to respond hence these figures could not be compared.

Looking at the group that completed all three surveys, this group reported their race as White, Race not known or other, and Prefer not to respond more frequently than the initial sample. Those completing the follow-up also reported being African American, Native Hawaiian, Asian, American Indian and More than on race less frequently than the initial sample. A detailed breakdown of participant race is displayed in Table 1.
Table 1 Adult race totals for HFHY

<table>
<thead>
<tr>
<th>Race</th>
<th>Pre Count</th>
<th>Pre Percentage</th>
<th>Matched Surveys Count</th>
<th>Matched Surveys Percentage</th>
<th>*Arizona Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>666</td>
<td>67.5%</td>
<td>121</td>
<td>75.8%</td>
<td>83.3%</td>
</tr>
<tr>
<td>African American or Black</td>
<td>19</td>
<td>1.9%</td>
<td>1</td>
<td>0.6%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>8</td>
<td>0.8%</td>
<td>0</td>
<td>0.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>5</td>
<td>0.5%</td>
<td>0</td>
<td>0.0%</td>
<td>3.4%</td>
</tr>
<tr>
<td>American Indian</td>
<td>97</td>
<td>9.8%</td>
<td>3</td>
<td>1.9%</td>
<td>5.4%</td>
</tr>
<tr>
<td>More than one race</td>
<td>77</td>
<td>7.8%</td>
<td>12</td>
<td>7.5%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Race not known or other</td>
<td>44</td>
<td>4.5%</td>
<td>10</td>
<td>6.2%</td>
<td>N/A</td>
</tr>
<tr>
<td>Prefer not to respond</td>
<td>71</td>
<td>7.2%</td>
<td>13</td>
<td>8.1%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>987</strong></td>
<td></td>
<td><strong>161</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*These estimates are for the entire state of Arizona.

**Gender**

Participants were also asked: *What is your gender?* A total of 1,059 individuals answered this question on the pre survey and there were 170 responses by those with all three surveys. On the pre survey, the majority (79.1%) identified as *female* and the remaining 20.9% identified as *male*. These were similar to the responses given by those individuals with matched surveys where 76.5% identified as *Female* and 23.5% identified as *Male*. When compared to the state of Arizona, a higher percentage of females took part in the HFHY Program. A breakdown of participant gender is shown in Table 2.

Table 2 Adult gender totals

<table>
<thead>
<tr>
<th>Gender</th>
<th>Pre Count</th>
<th>Pre Percentage</th>
<th>Matched Surveys Count</th>
<th>Matched Surveys Percentage</th>
<th>*State of AZ Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>221</td>
<td>20.9%</td>
<td>40</td>
<td>23.5%</td>
<td>49.7%</td>
</tr>
<tr>
<td>Female</td>
<td>838</td>
<td>79.1%</td>
<td>130</td>
<td>76.5%</td>
<td>50.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,059</strong></td>
<td></td>
<td><strong>170</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*These estimates are for the entire state of Arizona.

**Ethnicity**

Participants were next asked: *What is your ethnicity?* A total of 996 individuals answered this question on the pre survey, and there 165 responses by those with all three surveys. For both groups, over half (53.3% pre, 58.8% matched surveys) identified as *Hispanic or Latino*. The remaining participants identified as *Not Hispanic or Latino* (45.6% pre, 41.2% matched surveys), or indicated *Ethnicity unknown* (1.1% pre, 0.0% matched surveys). When compared to the state of AZ, a higher percentage of *Hispanic or Latino* individuals participated in the HFHY Program. A breakdown of participant ethnicity is shown in Table 3.

---

9 [https://www.census.gov/quickfacts/AZ](https://www.census.gov/quickfacts/AZ)
Table 3 Adult ethnicity for HFHY

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Pre Count</th>
<th>Pre Percentage</th>
<th>Matched Surveys Count</th>
<th>Matched Surveys Percentage</th>
<th>*State of AZ Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>531</td>
<td>53.3%</td>
<td>97</td>
<td>58.8%</td>
<td>30.9%</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>454</td>
<td>45.6%</td>
<td>68</td>
<td>41.2%</td>
<td>69.1%</td>
</tr>
<tr>
<td>Ethnicity unknown</td>
<td>11</td>
<td>1.1%</td>
<td>0</td>
<td>0.0%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>996</strong></td>
<td></td>
<td><strong>165</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*These estimates are for the entire state of Arizona.

Age
Finally, participants were asked to answer *What is your age?* A total of 1,065 individuals answered this question on the pre, and 173 with all three surveys. Of those, the majority (70.3% pre, 60.7% matched surveys) were between the ages of 25 to 44. The next most frequently reported age range was 45 to 64 (26.4% pre, 33.5% matched surveys). A breakdown of participant age is shown in Table 4.

Table 4 Adult age totals for HFHY

<table>
<thead>
<tr>
<th>Age</th>
<th>Pre Count</th>
<th>Pre Percentage</th>
<th>Matched Surveys Count</th>
<th>Matched Surveys Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 to 24</td>
<td>12</td>
<td>1.1%</td>
<td>5</td>
<td>2.9%</td>
</tr>
<tr>
<td>25 to 44</td>
<td>749</td>
<td>70.3%</td>
<td>105</td>
<td>60.7%</td>
</tr>
<tr>
<td>45 to 64</td>
<td>281</td>
<td>26.4%</td>
<td>58</td>
<td>33.5%</td>
</tr>
<tr>
<td>65 and over</td>
<td>23</td>
<td>2.2%</td>
<td>5</td>
<td>2.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,065</strong></td>
<td></td>
<td><strong>173</strong></td>
<td></td>
</tr>
</tbody>
</table>

10 https://www.census.gov/quickfacts/AZ
Adults’ Knowledge
On the pre, post, and follow-surveys, adults were asked a series of knowledge questions meant to
gauge their familiarity with various drug prevention strategies. There was an average 12.9% increase in parents correctly answering these knowledge questions. The question with the lowest level of improvement was: *I will alienate my child if I set boundaries*, showing a 2% decrease in the number of adults correctly answering this question, the correct answer being false. The question with the highest level of improvement was the question asking about another name for stressors a youth experiences, with a 36.9% increase in the number of adults correctly answering this question, the correct answer being *pressure points*. This indicates a large increase in the familiarity of adults with the concept of pressure points.

At follow up, adults were asked the same series of knowledge questions that gauged familiarity with various drug prevention strategies. There was an average 15.5% increase in parents correctly answering these knowledge questions, which is a 2.6% increase from the time of the post survey. The follow up percent increases were similar for each item as the post survey percent increases. For example, the knowledge item regarding pressure points had the largest percent increase (44.1%) at follow up. A detailed breakdown of the knowledge question results are shown in Table 5.

*Table 5 Adult Knowledge*

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre (% Correct) N=1006</th>
<th>Post (% Correct) N=1006</th>
<th>Pre-Post Difference</th>
<th>Follow Up (% Correct) N=180</th>
<th>Pre-Follow Up Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>I will alienate my child if I set boundaries.</em></td>
<td>88%</td>
<td>87.8%</td>
<td>-0.2%</td>
<td>87.2%</td>
<td>-0.8%</td>
</tr>
<tr>
<td><em>It is normal for youth to experiment with drugs and alcohol</em></td>
<td>78.9%</td>
<td>87%</td>
<td>+8.1%</td>
<td>89.9%</td>
<td>11.0%</td>
</tr>
<tr>
<td><em>It is important to have a [blank] conversation when discussing drugs and alcohol.</em></td>
<td>85.1%</td>
<td>91.8%</td>
<td>+6.7%</td>
<td>92.7%</td>
<td>7.6%</td>
</tr>
<tr>
<td>* is another name for the stressors a youth experiences**</td>
<td>45.8%</td>
<td>82.7%</td>
<td>+36.9%</td>
<td>89.9%</td>
<td>44.1%</td>
</tr>
</tbody>
</table>
Adult Program Influence Scale

On the pre, post and follow-up surveys, adult participants were asked a series of questions meant to capture their level of understanding with various dimensions related to youth substance use, and communication about substances. This new Adult Program Influence Scale was an original scale developed specifically for the HFHY Program. The analyses of the Adult Program Influence Scale indicate there were long-term significant improvements related to parental understanding and comfort in communicating with youth about drugs and alcohol.

Reliability and Validity Analysis

All scale analyses were conducted from the sample of adults with matched pre, post and follow-up surveys. Within the matched sample, scale analyses were conducted on the pre surveys. The Adult Program Influence Scale was a stem question consisting of seven items shown in Table 6. The questions related to adult understanding utilized a Likert Scale ranging from 1-5, with the answers: Strongly agree (5), Agree (4), Neither agree nor disagree (3), Disagree (2) and Strongly disagree (1).

Only six items of the Adult Program Influence Scale were used to calculate a Cronbach’s alpha, which measures reliability by assessing the internal consistency of the scale. Internal consistency looks at how similarly respondents answer each item compared to each other. One of the items (item d) I believe I can have an impact on my youth’s use of drugs and alcohol, showed greater inconsistency and was dropped from the scale as it was determined this item lowered scale reliability below an acceptable level. The scale yielded a Cronbach’s alpha of .723. An alpha over .70 generally indicates an “acceptable” score for scale reliability.11

Further, a factor analysis (FA) was conducted to determine how well the survey instruments and their scales measure the constructs they intended to measure (i.e. validity). The FA of the Adult Program Influence Scale yielded one factor, all (now) six items had factor loadings greater than .400, and these items explained 32% of the cumulative variance demonstrating acceptable construct validity. The results of the FA for the Adult Program Influence Scale are shown in Table 6. The acceptable reliability and construct validity demonstrated the statistically appropriate use of composite scores for the scales. Thus, a composite score was generated for the Adult Program Influence Scale.

---

Table 6 Factor Matrix Adult Program Influence Scale

<table>
<thead>
<tr>
<th>Adult Program Influence Scale (N=172)</th>
<th>M (SD)</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand the stressors my youth experiences.</td>
<td>4.17 (.670)</td>
<td>.466</td>
</tr>
<tr>
<td>I feel comfortable talking to my youth about drugs and alcohol.</td>
<td>4.74 (.491)</td>
<td>.499</td>
</tr>
<tr>
<td>My family has a clear plan for my youth to avoid drugs and alcohol.</td>
<td>4.16 (.843)</td>
<td>.595</td>
</tr>
<tr>
<td>I understand the impact drugs and alcohol can have on a youth's development.</td>
<td>4.80 (.418)</td>
<td>.528</td>
</tr>
<tr>
<td>I understand the role I play in determining if my youth uses drugs or alcohol.</td>
<td>4.56 (.614)</td>
<td>.720</td>
</tr>
<tr>
<td>I know the warning signs associated with drug and alcohol use</td>
<td>4.30 (.743)</td>
<td>.568</td>
</tr>
<tr>
<td>I believe I can have an impact on my youth’s use of drugs and alcohol.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Adult Program Influence Scale Composite Scores

After determining that six of the seven items present in the Adult Program Influence Scale contributed to internal consistency, a composite score was calculated for those six items. The composite scores were created by calculating the mean for all six items in the Adult Program Influence Scale. These calculations were done for the pre and follow-up surveys. The composite score can be interpreted using the same Likert Scale with items ranging from 1-5, and answers: Strongly agree (5), Agree (4), Neither agree nor disagree (3), Disagree (2) and Strongly disagree (1).

On the pre survey, parents had an average score of 4.46 on the Adult Program Influence Scale. By the follow-up, parents had an average score of 4.66 on the same scale. As the pre and follow-up surveys were matched, a paired samples t-test was run to determine if there was a significant difference between the mean scores of the two groups. The paired sample t-test yielded a p-value of ≤ .001, indicating a significant difference from pre to follow-up12. Adults indicated they believed they can influence their children regarding preventing drug and alcohol use following participation in the program.

---

12 Significance was tested at the p=.05 level for all t-tests.
Figure 2 Adult Program Influence Scale change over time

Adult Program Influence Scale Component Questions

Figure 3 shows a comparison of the components used to calculate the Adult Program Influence Scale from pre, post, and follow-up. It is important to note that the calculations for the pre and post were done with the sample of 1,006 adults who had matched pre and post surveys, as reported in the preliminary report. For the follow up, calculations were done using the sample of 180 adults with all three matched surveys. Therefore, it is important to consider the differences in samples when doing any direct comparisons with these groups. Figure 3 shows that there were significant improvements in adult understanding of youth drugs and alcohol use which occurred from pre to post. It can also be noted that those individuals with all three surveys maintained high levels of agreement with all the questions. On the follow-up survey between 95.6% and 100% of participants indicated they *Strongly agree* or *Agree* with each of the seven items. The question with the lowest level of agreement was *I understand the stressors my youth experiences* with 95.6% agreement. The question with the highest level of agreement was *I feel comfortable talking to my youth about drugs and alcohol* with 100% of participants indicating agreement on the follow-up. A detailed breakdown of the Adult Influence Scale component questions is shown in Figure 3.
Figure 3 Adult Program Influence Scale component questions (those individuals responding Strongly agree or Agree)

*For pre to post, indicates significance at p=.05 level
Adult Communication Scale

On the pre and follow-up surveys, adult participants were asked a series of questions meant to capture their level of communication with their child about substance use. The Adult Communication Scale was adapted from a previously validated scale created by Miller-Day and Kam. The analyses of the Adult Communication Scale indicates there were long-term significant improvements related to parent and youth communication about substance use.

Reliability and Validity Analysis

All scale analyses were conducted from the sample of adults with matched pre, post and follow-up surveys. Within the matched sample, scale analyses were conducted on the pre surveys. The Adult Communication Scale was a stem question consisting of five items shown in Table 7. The questions related to adult communication utilized a Likert Scale ranging from 1-5, with the answers: Strongly agree (5), Agree (4), Neither agree nor disagree (3), Disagree (2) and Strongly disagree (1).

All five items of the Adult Communication Scale were used in the calculation of the Cronbach’s alpha, which measures reliability by assessing the internal consistency of the scale. Internal consistency looks at how similarly respondents answer each item compared to each other. The scale yielded a Cronbach’s alpha of .841. An alpha over .80 indicates a “good” score for scale reliability.

Further, an FA was conducted to determine how well the survey instruments and their scales measure the constructs they intended to measure (i.e. validity). The FA of the Adult Communication Scale yielded one factor, all five items had factor loadings greater than .400, and these items explained 53% of the cumulative variance demonstrating acceptable construct validity. The results of the FA for Adult Communication Scale are shown in Table 7. The acceptable reliability and construct validity demonstrated the statistically appropriate use of composite scores for the scales. Thus, a composite score was generated for the Adult Communication Scale.

---


**Table 7 Factor Matrix Adult Communication Scale**

<table>
<thead>
<tr>
<th>An adult in my family…</th>
<th>M (SD)</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>has warned my child about the dangers of substance use.</td>
<td>4.68 (.480)</td>
<td>.605</td>
</tr>
<tr>
<td>has talked to my child about how to handle offers of substances.</td>
<td>4.38 (.841)</td>
<td>.767</td>
</tr>
<tr>
<td>has set rules about substance use.</td>
<td>4.37 (.880)</td>
<td>.822</td>
</tr>
<tr>
<td>tells my child he or she would not approve if they used substances.</td>
<td>4.59 (.774)</td>
<td>.607</td>
</tr>
<tr>
<td>asks my child’s thoughts and opinions about substance use.</td>
<td>4.31 (.814)</td>
<td>.820</td>
</tr>
</tbody>
</table>

**Adult Communication Scale Composite Score**

After determining that all items of the Adult Communication Scale contributed to internal consistency, a composite score was calculated for those five items. The composite scores were created by calculating the mean for all five items in the Adult Communication Scale. These calculations were done for the pre and follow-up surveys. The composite score can be interpreted using the same Likert Scale with items ranging from 1-5, and answers: *Strongly agree* (5), *Agree* (4), *Neither agree nor disagree* (3), *Disagree* (2) and *Strongly disagree* (1).

On the pre survey, adults had an average score of 4.47 on the Adult Communication Scale. By the follow-up, adults had an average score of 4.72 on the same scale. As the pre and follow-up surveys were matched, a paired samples t-test was run to determine if there was a significant difference between the mean scores of the two groups. The paired sample t-test yielded a p-value of ≤ .001, indicating a significant difference from pre to follow-up. Therefore, following the program, adult communication about substance use did increase significantly.

![Figure 4 Adult Communication scores](image-url)

---

15 Significance was tested at the p=.05 level for all t-tests.
Adult Disapproval Scale
On the pre and follow-up surveys, adult participants were asked a series of questions meant to capture their level of disapproval about youth substance use. The Adult Disapproval Scale was adapted from Arizona Youth Survey (AYS)\(^\text{16}\). The analyses of the Adult Disapproval Scale indicate there were no significant differences from pre to follow-up.

Reliability and Validity Analysis
All scale analyses were conducted from the sample of adults with matched pre, post and follow-up surveys. The Adult Disapproval Scale was a stem question consisting of three items shown in Table 8. The questions related to adult disapproval utilized a Likert Scale ranging from 1-4, with the answers: Very wrong (4), Wrong (3), A little bit wrong (2), and Not wrong at all (1).

All three items of the Adult Disapproval Scale were used in the calculation of the Cronbach’s alpha, which measures reliability by assessing the internal consistency of the scale. Internal consistency looks at how similarly respondents answer each item compared to each other. The scale yielded a Cronbach’s alpha of .696. An alpha over .6 generally indicates a “Questionable” score for scale reliability\(^\text{17}\), but given the alpha is extremely close to “Acceptable” levels it was determined to be appropriate to proceed with the scale.

Further, an FA was conducted to determine how well the survey instruments and their scales measure the constructs they intended to measure (i.e. validity). The FA of the Adult Disapproval Scale yielded one factor, all three items had factor loadings greater than .400, and these items explained 48% of the cumulative variance demonstrating acceptable construct validity. The results of the FA for Adult Disapproval Scale are shown in Table 8. The acceptable reliability and construct validity demonstrated the statistically appropriate use of composite scores for the scales. Thus, a composite score was generated for the Adult Disapproval Scale.

<table>
<thead>
<tr>
<th>Adult Disapproval Scale (N=177)</th>
<th>M (SD)</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>How wrong do you think it would be for your youth to…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>have one or two drinks of beer, wine, or hard liquor nearly every day?</td>
<td>3.94 (.265)</td>
<td>.824</td>
</tr>
<tr>
<td>smoke marijuana?</td>
<td>3.93 (.282)</td>
<td>.756</td>
</tr>
<tr>
<td>use prescription drugs without a doctor telling them to take them?</td>
<td>3.97 (.166)</td>
<td>.422</td>
</tr>
</tbody>
</table>

---


**Adult Disapproval Scale Composite**

After determining all three items of the Adult Disapproval Scale contributed to internal consistency, a composite score was calculated for those three items. The composite scores were created by calculating the mean for all three items in the Adult Disapproval Scale. These calculations were done for the pre and follow-up surveys. The composite score can be interpreted using the same Likert Scale with items ranging from 1-4, and answers: *Very wrong (4)*, *Wrong (3)*, *A little bit wrong (2)*, and *Not wrong at all (1)*.

On the pre survey, adults had an average score of 3.94 on the Adult Disapproval Scale. By the follow-up, adults had an average score of 3.91 on the same scale. As the pre and follow-up surveys were matched, a paired samples t-test was run to determine if there was a significant difference between the mean scores of the two groups. The paired sample t-test yielded a p-value of .181, indicating there was no significant difference from pre to follow-up. Though there was a decrease from pre to follow-up, there was no significant difference. **Thus, adult expectations remained about the same, due to already high expectations rated at a 3.9 out of a possible 4.0.**

![Figure 5 Adult Expectations scores](image)

---

18 Significance was tested at the p=.05 level for all t-tests.
Adult Disapproval Scale Component Questions

Adult participants were asked a series of questions about how wrong they believed it would be for their youth to be involved in a variety of activities related to drugs and alcohol. A paired sample t-test was conducted to measure the difference between the pre and post surveys. All significance testing was conducted at the p=.05 level. For two of the questions related to adult expectations about youth drug use, there were significant differences between the pre and post surveys. On one question, …have one or two drinks of beer, wine, or hard liquor nearly every day, there was no significant difference from the pre to post survey.

At follow-up, adults maintained their beliefs that using prescription drugs, marijuana or cigarettes were very wrong or wrong. Follow-up responses for very wrong or wrong ranged from 97.8% to 98.9%.

Figure 6 Adult expectations about youth drug use (for those responding Very wrong or Wrong)

* For pre to post, indicates significance at p=.05 level
Adult Perceived Risk Scale
On the pre and follow-up surveys, adult participants were asked a series of questions meant to capture their perceptions of harm for youth substance use. The Adult Perceived Risk Scale was adapted from Arizona Youth Survey (AYS)\textsuperscript{19}. The analyses of the Adult Perceived Risk Scale indicates there were no significant differences from pre to follow-up.

Reliability and Validity Analysis
All scale analyses were conducted from the sample of adults with matched pre, post and follow-up surveys. Within the matched sample, scale analyses were conducted on the pre surveys. The Adult Perceived Risk Scale was a stem question consisting of five items shown in Table 9. The questions related to adult perceived harm utilized a Likert Scale ranging from 1-4, with the answers: Great risk (4), Moderate risk (3), Slight risk (2), and No risk (1).

All five items of the Adult Perceived Risk Scale were used in the calculation of the Cronbach’s alpha, which measures reliability by assessing the internal consistency of the scale. Internal consistency looks at how similarly respondents answer each item compared to each other. The scale yielded a Cronbach’s alpha of .776. An alpha over .7 generally indicates an “Acceptable” score for scale reliability\textsuperscript{20}.

Further, an FA was conducted to determine how well the survey instruments and their scales measure the constructs they intended to measure (i.e. validity). The FA of the Adult Perceived Risk Scale yielded one factor, all but one factor (try marijuana once or twice) had factor loadings greater than .400, and these items explained 50% of the cumulative variance demonstrating acceptable construct validity. The try marijuana once or twice item was included in the analysis because it contributed to the internal consistency of the scale and had a factor loading close to .400 (.394). The results of the FA for Adult Perceived Risk Scale are shown in Table 9. The acceptable reliability and construct validity demonstrated the statistically appropriate use of composite scores for the scales. Thus, a composite score was generated for the Adult Perceived Risk Scale.


**Table 9 Factor Matrix Adult Perceived Risk Scale**

<table>
<thead>
<tr>
<th>Adult Perceived Risk Scale (N=177)</th>
<th>M (SD)</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How much do you think youth risk harming themselves (physically or in other ways) if they…</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Try marijuana once or twice?</td>
<td>3.66 (.681)</td>
<td>.394</td>
</tr>
<tr>
<td>Smoke marijuana once or twice a week?</td>
<td>3.88 (.435)</td>
<td>.580</td>
</tr>
<tr>
<td>Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?</td>
<td>3.90 (.400)</td>
<td>.550</td>
</tr>
<tr>
<td>Have five or more drinks of an alcoholic beverage in a row once or twice a week?</td>
<td>3.97 (.248)</td>
<td>.943</td>
</tr>
<tr>
<td>Use prescription drugs without a doctor telling them to take them?</td>
<td>3.98 (.237)</td>
<td>.899</td>
</tr>
</tbody>
</table>

**Adult Perceived Risk Scale Composite**

After determining all five items of the Adult Perceived Risk Scale contributed to internal consistency, a composite score was calculated for those five items. The composite scores were created by calculating the mean for all five items in the Adult Perceived Risk Scale. These calculations were done for the pre and follow-up surveys. The composite score can be interpreted using the same Likert Scale with items ranging from 1-4, and answers: **Great risk (4), Moderate risk (3), Slight risk (2), and No risk (1).**

On the pre survey, adults had an average score of 3.88 on the Adult Perceived Risk Scale. By the follow-up, adults had an average score of 3.89 on the same scale. As the pre and follow-up surveys were matched, a paired samples t-test was run to determine if there was a significant difference between the mean scores of the two groups. The paired sample t-test yielded a p-value of .648, indicating there was no significant difference from pre to follow-up\(^{21}\). Though there was an increase from pre to follow-up, there was no significant difference. **Thus, adults did not change their perception of risk for youth after the program, in part due to an already high belief that substance use is risky.**

\(^{21}\) Significance was tested at the \(p=.05\) level for all t-tests.
Adult Perceived Risk Component Scores

Adult participants were asked a series of questions about the perceived risk for youth in the use of a variety of substances. The stem of the questions was *How much do you think youth risk harming themselves if they...* A paired sample t-test was conducted to measure the difference between the pre and post surveys. All significance testing was conducted at the p=.05 level. For three of the questions on perceived risk for youth, there were significant differences between the pre and post surveys. For two questions, *...have five or more drinks of an alcoholic beverage in a row once or twice a week?* and *...use prescription drugs without a doctor telling them to take them* there was no significant difference from the pre to post survey because initial responses were so high that significant differences in post-responses were nearly statistically impossible.

At follow-up, adult responses were similar to post survey responses regarding how much youth risk harming themselves specific to using prescription drugs without a doctor telling them to take, drinking alcohol and trying or smoking marijuana. Follow-up *Great risk or Moderate risk* responses ranged from 95.5% to 98.3%.

![Figure 8 Adult perceived risk for youth substance use (for those responding Great risk or Moderate risk)](image)

* For pre to post, indicates significance at p=.05 level
Adult Family Norms Scale
On the pre and follow-up surveys, adult participants were asked a series of questions meant to capture their family rules about substance use. The Adult Family Norms Scale was adapted from a scale used with the *keepin’ it REAL* program. The analyses of the Adult Family Norms Scale indicate there were no significant differences from pre to follow-up. The analyses of the Adult Family Norms Scale indicate there were long-term significant improvements related to family rules about substance use.

Reliability and Validity Analysis
All scale analyses were conducted from the sample of adults with matched pre, post and follow-up surveys. Within the matched sample, scale analyses were conducted on the pre surveys. The Adult Family Norms Scale was a stem question consisting of four items shown in Table 10. The questions related to family rules utilized a Likert Scale ranging from 1-4, with the answers: *Yes! (4), yes (3), no (2), and NO! (1)*.

All four items of the Adult Family Norms Scale were used in the calculation of the Cronbach’s alpha, which measures reliability by assessing the internal consistency of the scale. Internal consistency looks at how similarly respondents answer each item compared to each other. The scale yielded a Cronbach’s alpha of .785. An alpha over .7 generally indicates an “Acceptable” score for scale reliability.

Further, an FA was conducted to determine how well the survey instruments and their scales measure the constructs they intended to measure (i.e. validity). The FA of the Adult Family Norms Scale yielded one factor, all the factors had factor loadings greater than .400, and these items explained 50% of the cumulative variance demonstrating acceptable construct validity. The results of the FA for Adult Family Norms Scale are shown in Table 10. The acceptable reliability and construct validity demonstrated the statistically appropriate use of composite scores for the scales. Thus, a composite score was generated for the Adult Family Norms Scale.

<table>
<thead>
<tr>
<th>Adult Family Norms Scale (N=173)</th>
<th>M (SD)</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>How true are these statements for you and your family?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My family has clear rules for my child.</td>
<td>3.75 (.472)</td>
<td>.691</td>
</tr>
<tr>
<td>My family has clear rules about substance use.</td>
<td>3.72 (.543)</td>
<td>.796</td>
</tr>
<tr>
<td>My child feels comfortable asking me about any stressful situations they might have.</td>
<td>3.54 (.624)</td>
<td>.661</td>
</tr>
<tr>
<td>My child has at least one adult they can talk to about important things.</td>
<td>3.86 (.369)</td>
<td>.679</td>
</tr>
</tbody>
</table>


After determining that all four items of the Adult Family Norms Scale contributed to internal consistency, a composite score was calculated for those four items. The composite scores were created by calculating the mean for all four items in the Adult Family Norms Scale. These calculations were done for the pre and follow-up surveys. The composite score can be interpreted using the same Likert Scale with items ranging from 1-4, and answers: Yes! (4), yes (3), no (2), and NO! (1).

On the pre survey, adults had an average score of 3.72 on the Adult Family Norms Scale. By the follow-up, adults had an average score of 3.81 on the same scale. As the pre and follow-up surveys were matched, a paired samples t-test was run to determine if there was a significant difference between the mean scores of the two groups. The paired sample t-test yielded a p-value of .005, indicating there was a significant difference from pre to follow-up. Adults reported an increase in family norms about substance use following participation in the program.

![Figure 9 Adult Family Norms scores](image-url)

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24 Significance was tested at the p=.05 level for all t-tests.
Adult Family Norms Scale Component Questions

Adult participants were asked a series of questions about their family norms related to youth substance use. A paired sample t-test was conducted to measure the difference between the pre and post surveys. All significance testing was conducted at the p=.05 level. For all of the questions related to family norms about substance use, there were significant differences between the pre and post surveys.

At follow-up, responses regarding family norms about substance use were maintained and ranged from 97.2% to 98.9%. Adults agreed that their child has a safe adult to talk to about important things, that their child is comfortable asking them about stressful situations, that their child has clear family rules and that their child has clear rules about substance use.

*For pre to post, indicates significance at p=.05 level

Figure 10 Adults’ perception of family norms (for those responding YES! or yes)
Adult Youth Exposure Scale
On the pre and follow-up surveys, adult participants were asked a series of questions meant to capture adults’ perception of the frequency youth are in risky situations. The Adult Youth Exposure Scale was adapted from a scale used with the *keepin’ it REAL* program. The analyses of the Adult Youth Exposure Scale indicates there were no significant differences from pre to follow-up. The analyses of the Adult Youth Exposure Scale indicates there were long-term significant increases related to perception of youth exposure to risky situations.

Reliability and Validity Analysis
All scale analyses were conducted from the sample of adults with matched pre, post and follow-up surveys. Within the matched sample, scale analyses were conducted on the pre surveys. The Adult Youth Exposure Scale was a stem question consisting of four items shown in Table 11. The questions related to family rules utilized a Likert Scale ranging from 1-4, with the answers: *Often (4), Sometimes (3), Hardly Ever (2), and Never (1).*

All four items of the Adult Youth Exposure Scale were used in the calculation of the Cronbach’s alpha, which measures reliability by assessing the internal consistency of the scale. Internal consistency looks at how similarly respondents answer each item compared to each other. The scale yielded a Cronbach’s alpha of .854. An alpha over .8 generally indicates a “Good” score for scale reliability.

Further, an FA was conducted to determine how well the survey instruments and their scales measure the constructs they intended to measure (i.e. validity). The FA of the Adult Family Norms Scale yielded one factor, all the factors had factor loadings greater than .400, and these items explained 60% of the cumulative variance demonstrating acceptable construct validity. The results of the FA for Adult Youth Exposure Scale are shown in Table 11. The acceptable reliability and construct validity demonstrated the statistically appropriate use of composite scores for the scales. Thus, a composite score was generated for the Adult Youth Exposure Scale.

<table>
<thead>
<tr>
<th>Table 11 Factor Matrix Adult Youth Exposure Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Youth Exposure Scale (N=177)</td>
</tr>
<tr>
<td>How often do you think your child is in a situation where these are available to them, even if they don’t want to use them?</td>
</tr>
<tr>
<td>Alcohol (beer, wine, liquor)</td>
</tr>
<tr>
<td>Cigarettes or tobacco</td>
</tr>
<tr>
<td>Marijuana</td>
</tr>
<tr>
<td>Other Drugs</td>
</tr>
</tbody>
</table>

Adult Youth Exposure Scale Composite

After determining all four items of the Adult Youth Exposure Scale contributed to internal consistency, a composite score was calculated for those four items. The composite scores were created by calculating the mean for all four items in the Adult Family Norms Scale. These calculations were done for the pre and follow-up surveys. The composite score can be interpreted using the same Likert Scale with items ranging from 1-4, and answers: Often (4), Sometimes (3), Hardly Ever (2), and Never (1).

On the pre survey, adults had an average score of 1.92 on the Adult Youth Exposure Scale. By the follow-up, adults had an average score of 2.28 on the same scale. As the pre and follow-up surveys were matched, a paired samples t-test was run to determine if there was a significant difference between the mean scores of the two groups. The paired sample t-test yielded a p-value of ≤ .001, indicating there was a significant difference from pre to follow-up27. This indicates that adults’ perception of youth exposure to risky situations had increased significantly from pre to follow-up.

![Figure 11: Adult Youth Exposure scores](image)

Figure 11 Adult Youth Exposure scores

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27 Significance was tested at the p=.05 level for all t-tests.
Adult Youth Exposure Scale Components

Adult participants were asked a series of questions about the perceived exposure to various substances their youths experience regularly. A paired sample t-test was conducted to measure the difference between the pre and post surveys. All significance testing was conducted at the p=.05 level. For all of the questions related to perceived youth exposure, there were significant differences between the pre and post surveys.

At follow-up, adults’ perceptions about perceived youth exposure to substances appeared higher than reported at the time of the post survey. Adults reported youth exposure to substances as often or sometimes ranged from 26.7% to 53.4% at follow-up compared to 25.2% to 45.3% at post survey. After the program, the largest reported increase of perceived youth exposure to substances was for cigarettes (38.5% post to 53.4% follow-up).

![Figure 12 Adults perceived youth exposure to substances (for those responding Often or Sometimes)](image)

* For pre to post, indicates significance at p=.05 level
Adult Stand Alone Questions

As a part of the HFHY Adult surveys, youth were asked three questions which were only present in the pre and follow-up surveys. These questions were not meant to be included in any scales, but were relevant to the program. All analyses were done with the sample of adults with matched pre, post, and follow-up surveys.

I spend time with my child doing fun things

Adults were asked to rate their level of agreement with the following statement: *I spend time with my child doing fun things*. This question utilized a Likert Scale ranging from 1-4, with the answers: *Strongly agree (4), Agree (3), Disagree (2) and Strongly disagree (1)*. On both the pre and follow-up surveys, adults expressed high levels of agreement with this statement. There was very little change from pre to follow-up in regards to spending time with child. A breakdown of adult responses are shown in Table 12.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I spend time with my child</td>
<td>Pre (n=175)</td>
<td>68.6%</td>
<td>29.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td>doing fun things</td>
<td>Follow (n=165)</td>
<td>68.6%</td>
<td>29.6%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

Conversation about refusing drugs and alcohol

Adults were also asked to share how recently they had a conversation with their child about how to refuse drugs and alcohol. This question had the following responses: *In the last week, In the last month, In the last three months, In the last year,* and *Never*. Higher proportions of adults indicated they had had a conversation within the last week from pre (27.8%) to follow-up (41.3%). Further, a small proportion indicated they had *Never* had a conversation from pre (1.2%) to follow-up (0.0%). A detailed breakdown of the responses are shown in Table 13.

<table>
<thead>
<tr>
<th>How recently have you had a conversation with your child about how to refuse or avoid drugs and alcohol?</th>
<th>In the last week</th>
<th>In the last month</th>
<th>In the last three months</th>
<th>In the last year</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre (n=162)</td>
<td>27.8%</td>
<td>39.5%</td>
<td>17.3%</td>
<td>14.2%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Follow (n=126)</td>
<td>41.3%</td>
<td>43.7%</td>
<td>14.3%</td>
<td>0.8%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Adult Open-Ended Responses
As a part of all three surveys, adults were asked a series of open-ended questions to gain a clearer understanding of their opinions about the program. These questions were all entered into NVivo qualitative data analysis software to identify salient themes and ideas expressed by HFHY participants. The NVivo analyses also included those responses provided by Spanish speaking participants. Spanish quotes, along with their translations, are included below to ensure the voices of all HFHY Participants are reflected in this report.

Pre Survey
Adults were asked three open-ended questions as a part of the pre survey.

Is it difficult to discuss substance use with your child?
The first open-ended question for adults asked: Is it difficult to discuss substance use with your child? Why or why not? There were a total of 796 individuals who provided an answer to this question.

The vast majority of participants indicated it was not difficult to discuss substances with their child. Many participants merely shared “No” it was not difficult, but the remaining individuals provided a reason as to why it was not difficult. The most common explanation for why it was not difficult was that the parent and youth and an open relationship, with nearly half of all participants sharing this response. These quotes provide some examples of the types of answers adults provided to this question.

It is not difficult to discuss substance use with my child, because we have always maintained and open line of communication and she can talk to me about substance use.

No it is super easy to talk to all of my children regarding substance abuse, open lines of communication are key to raising the best kids possible.

No proque tengo mucha comunicacion con mi hija
(Translation: No because we have a lot of communication with my daughter)
Many of the adults who indicated that it was not difficult to discuss substances explained they themselves, or their family, had experience with substance use. This experience frequently referenced having previously struggled with substance use themselves. The quotes below provide examples of individuals who shared their personal experience with substance use made communication about substances easier.

*Not at all. I am a recovering addict so it’s easy for me to talk about drug use.*

Numerous participants also shared they have seen family members struggle with substance use, and this experience made it easy to talk about substance use with their youth.

*No, many members of my family has substance abuse problems that has been the example given to my daughter. Most in prison, or abandoned children for drugs.*

Several others shared they had expertise in substance use from their work or volunteer activities.

*No, I am a 25 year veteran of EMS and a professional educator. Teaching is a part of my life. I also have had years of experience teaching/mentoring at risk youth.*

Participants provided several other reasons why they felt it was not difficult to discuss substance youth with their youth. Many participants claimed that speaking about drugs was a consistent conversation in their house which made the conversations easier. Others shared that conversations with their youth were not difficult because their youth was already knowledgeable about substance use. Numerous participants also shared that the level of importance of these conversations makes the conversations easier. A few participants provided other rationale including that it was not difficult because the conversation was not relevant. Others also pointed to their religion as something which helps ease the conversation about substance use with their youth.

*No, we have been having discussions throughout the years.*
While most participants indicated that speaking to their youth was not difficult, some individuals shared that it was a difficult conversation. Some of those individuals indicated it was difficult because they were unsure of how to approach the conversation.

Yes, because not sure how much in depth to discuss the topic.

Others pointed to their lack of knowledge.

Yes, because I don’t think I know much to discuss. Just the basics.

While many individuals pointed to their personal and family experience with substance use as something that facilitates conversations with their youth, others saw it as a source of discomfort.

It is slightly, since I had experienced substance use when I was a youth. I’m not sure how to explain the importance of not doing that (abusing substances).

Others indicated that when they try to discuss substance use with their youth, their youth does not respond positively. Some indicated that their youth gets defensive, talks back, loses interest, or starts a fight. Others shared that their youth acts like they know everything which makes it hard discussions difficult.

Yes, it is usually a fighting match. My child thinks it’s ok to hang around dangerous environments as long as she is not doing anything.
Finally, a few adults also shared it was difficult with the busy schedules in their family to find the time to have these conversations.

My child has a great focus on academics and sports, therefore it is hard to make him start thinking of this.

When you have discussions about substance use, how does your child usually respond?

Adults were next asked how their child responds when there are discussions about substance use. There were a total of 757 adults who provided a response to this question. Similar to the question about the difficulties discussing substances, most adults indicated that their child responds positively. There were 554 individuals who shared their youth has a positive response to discussions about substance use. Many simply stated that their child responded positively, but more participants provided an explanation. The most common explanation provided by adults was that their child agreed that they won’t use drugs.

My child responds in a positive and agreeable way. They do not seem to mind the conversations and agree that drugs and alcohol are harmful.

Lo comprende y esta de acuerdo que esta mal
(Translation: He understands and agrees that it is bad)

Numerous other adults shared that when they had conversations with their youth, their youth is engaged in the discussion. Many adults described their children as interactive and shared that they were responsive to the discussion. Others indicated that their child was willing to share their thoughts about the subject and engage in conversations.

It is always a discussion.

He is very receptive. He seems engaged in the conversation and seems to pay attention. He agrees with our opinion on substances.
Similarly, many adults who shared a positive experience discussing substance use with their youth indicated that their youth responded with understanding and openness. However, despite these open conversations, there is still some concern for adults.

---

*With great responsibility and understanding.*

*He understands and feels very strongly about not using it, so he is receptive.*

---

*My child is very responsive and open about discussions on any subject, including substance abuse. I try to keep an open mind and assure any and all questions with a non-defensive tone and manner.*

---

Many adults also shared that their children listened and asked questions when they have discussions about substance use. Of those who stated that their youth listened, many shared that their youth listens but may not be engaged in the conversation.

---

*My child is good at listening and asking questions.*

---

Other adults shared that their child responds by simply saying “I know” or “OK.” This was often shared in a positive manner, but in some instances, it was not as positive.

---

*I already know that. “You’ve already told me that.” “I haven’t been in a situation like that.”*

---

In contrast to the many adults who have positive discussions with their children about substance use, there were also many with less positive experiences. Some adults shared that their youth becomes aggressive or defensive when having these conversations.

---

*She rolls her eyes and says we talk about it a lot. She asked why I always bring it up. She tells me to trust her.*
Further, some adults shared that their youth stays quiet, does not listen or acts like it is a joke when having these discussions.

*Turns off shuts down becomes embarrassed won’t communicate*

What do you hope to learn from the Healthy Families Healthy Youth Program?

When asked what adults hoped to learn from the program, adults provided a variety of answers. There were a total of 697 individuals who provided answers. The most frequently sited hope for the program was to improve communication. Many participants cited communication broadly, but some provided specifics about what type of communication skills they hoped to develop. Some specifically mentioned communication skills about drugs and alcohol.

*How to effectively talk to my kids about substance abuse and spend one on one time.*

*How to have a better conversation with my child.*

*Different ways to talk to our children about important subjects*

*Muchas cosas pero la principal como poder hablar con mas confianza con mi hijo*  
(Translation: Many things but primarily how to speak with more trust with my son)

Additionally, many participants shared they hoped to learn how to keep their kids away from drugs.

*How to help my child make great choices and live a sober life*

*I hope to obtain more or new tools and information to assist my child in making healthy choices against drugs or alcohol.*
Many adults came to the HFHY Program hoping to gain knowledge on a variety different topics. Many shared they were hoping to learn more about the warning signs associated with drug use, while others shared they hoped to know more about drugs and drug effects.

I hope to gain some insight regarding warning signs and areas to seek help if needed.

I really want to know of any signs I should be aware of in case my children every use substances.

Finally, some families hoped to learn how to enforce the current rules about substance use, while other hoped to develop their own rules and plans.

More ways to help enforce the rules we have and to further educate myself and family.

How to put a better plan in place so my child knows what to say if the day should come they are asked if they want to try some form of substances.

How harmful substances are disguised or presented as harmless.

Just more ways kids are doing drugs. More knowledge.
Post Survey
On the post survey, adults were asked two open-ended questions about their experience participating in the HFHY Program.

Which part(s) of the HFHY Program was (were) the most beneficial? Why?

When asked the most beneficial part of the HFHY Program, adults offered several different answers. There were 662 individuals who provided an answer. Many indicated that “Everything” was beneficial, but more provided specific parts of the program they felt most valuable. The part that was most frequently cited as the most beneficial was information about drugs. This was referenced by numerous participants, and aligns closely with what adults hoped to learn at the program, as shown in the pre survey.

Knowing the impact of drugs and alcohol on kids under 18, their pressure points, and the ways they come in contact with different substances as well as the new and strange ways they are being used.

Many parents also indicated that the conversation with their youth was the most beneficial part. Several participants shared that they appreciated the conversation being done in a structured environment, and with predetermined questions.

This program provided a great opportunity for me and my child to start a conversation about something that I thought would be uncomfortable to discuss.

Being able to bring our child and show him we care. It was also good for them to be with other students to learn ways to recognize situations and that they do have a way out.

Me gusto el intercambiar respuestas con mi hijo, y abrir un canal de comunicación (Translation: I liked the exchange of responses with my son, and to open up a channel of communication)
Other adults indicated they appreciated the adult presentation.

I like the adult presentation because it reminded me of the importance of having regular conversations about alcohol and drug usage.

The adult session – an eye opener. I did not realize that alcohol and drug abuse can start at a young age and the types of drugs they can be exposed to.

Many adults also referred to the new communication techniques learned at the program as the most helpful aspect. Many adults indicated learning to communicate specifically about substance use, as well as pressure points.

Preparing (educating parents) to talk to our kids. Talking to our kids about substance abuse and listening to them and each other

The key elements of communication—and how effective communication and education on substance abuse can make a difference.

Further, numerous adults also pointed to some of the activities which took place during the program including the pressure points and prevention plan development.

When my child brought out the stressor cards. We had different line-ups; what I thought were minimal were more important to her than I thought.

Having my child tell me what her pressure points are. I have a better understanding how to talk with and listen to better.

Creating a plan, because prevention is more than just a needed conversation.
Adults provided a variety of other parts which they felt were most beneficial including: time with family, teaching kids, social media info, learning about resources and the toolkit.

Finally, there were a few individuals who indicated that there was nothing beneficial about the program.

Please provide any additional comments or suggestions:

The last open-ended question on the post survey asked adults for any additional comments or suggestions, and there were 410 individuals who provided an answer. The majority of participants provided some type of affirmation for the program.

Adults did, however, provide some constructive feedback on how to improve the program. One point that was often referenced was the length and pacing of the program. Several participants felt the program was too long.

Overall very great!!!
Many participants shared they hoped for more classes in the future, as well as improved community participation.

Keep program going for the future. Try to get more parents to take program.

Dar con más frecuencia las clases sobre las drogas y mostrar evidencias de otras personas que han pasado por las drogas, y las consecuencias que los haya dejado. (Translation: Have the drug classes more frequently and provide evidence of other people who have used drugs and consequences they experienced.)

Participants also provided some constructive feedback on how to improve the sessions including making the presentation more personalized and making the sessions more engaging.

Maybe with more enthusiasm instead of monotone, have adults also share at some point in the presentation, may help other parents.

Reading word for word is not so effective! Clarity of presentation was helpful. Dinner was much appreciated.
A few adults also suggested including more activities in the program, a common suggestion was having a guest speaker who has experienced the consequences of using drugs. Others include more videos, as well as demonstrations of how drug use physically impacts your body.

A few adults provided additional critiques of the tone of the program, indicating that the program lack context or was overly sensational.

*I found the parent program overly sensationalist and fear-mongering. The youth program seemed beneficial to the kids but the parent program was slow paced and didn’t cover a lot of new info.*
Follow-up

There were three questions asked on the follow-up about the value of the skills learned while participating in the HFHY Program.

**Have you used any of the tools taught during the HFHY Program? What were they?**

When asked about what tools had been used from the HFHY Program, 107 participants provided answers. The majority of participants indicated they had used skills developed during the program, and many provided specific skills they had used from the program. Further, many adults described their conversations as “open.”

Numerous adults also indicated their family had used the plan they developed during the program. Some shared a plan generally, but many went further and specified their family “escape” plan. This was described as a plan to help their youth get out of any situation where they may be pressured into using drugs or alcohol.

Some participants did share they had not used the skills developed during the HFHY Program. Of those, some indicated that they simply had not needed to use it.
Many adults shared that they had used the pressure point cards or activities.

I have used the stressor cards. Those were a great conversation starter.

Try to talk about pressure points. Kids today have so much pressure & social media just makes it worse.

Participants also shared they had used a variety of other skills developed during the HFHY Program. Some of those skills included: the manual, making more family time, and drug testing.

I have referred to the booklet we received multiple times and helped my older son come up with a lesson to teach his peers using said booklet.

Conversations, more family time.

Telling child he will be drug tested

Hablando mas con mi hija sobre el tema y conviviendo y pasando mas tiempo juntas haciendo lo que nos gusta.
(Translation: Talking more with my daughter on the subject and living together and spending more time together. Doing what we like.)
What could be done to the HFHY Program to make it more useful for your community?

When asked about how to improve the HFHY Program for the community, participants provided numerous different ideas. While many indicated they had no suggestions for how to improve the program, many provided specific insights. There were a total of 101 individuals who provided answers, and most were in regards to expanding programming.

Many adults shared a desire for the program to be expanded, this included expansion to more grades, more frequent sessions, and different topics. 

Many adults also shared that they would like to see greater attendance at the program. Some adults said that they did not feel that the adults who needed to attend were there. It was shared that improving advertising may be beneficial.

Similar to the post survey, many adults stated that the timing could be improved, with many indicating they think the program should be shortened.

I think it was great I’d be interested in a similar event about sex and those types of situations.

Have a yearly program available to our community and try to reach all youth in 7th grade.

Make it available for any grade if family is interested.

... I felt like most parents that attended were less likely to have kids that were at risk.

Maybe have it over two sessions as it was a little long.

Similar to the post survey, many adults stated that the timing could be improved, with many indicating they think the program should be shortened.

Shorten the time of presentation + also try and reach a different crowd even if only students
Many adults indicated they hoped for more interaction as a part of the program.

Better presentation – more engaging

Be more interactive

Adults provided a variety of other different ideas for how to improve the program including: more time to communicate with youth, less paperwork, and use a presenter with personal experience.

More practice talking to kid during program

Use a presenter who has come from an addictive past and can speak publically and motivationally. People need to become engaged.

Less paperwork

Has the plan developed during the HFHY Program been helpful? Why or why not?

Adults were finally asked if the plan they developed as a part of the program been useful, and 111 participants provided answers. The majority of the participants shared that it was helpful, with only a few who shared it was not.

Of those who shared it was useful, participants provided numerous different reasons as to why. Many indicated that by developing the plan they were able to improve their communication skills about drugs and alcohol. Some also said that the plan helped them better understand the prevalence of drugs.

Yes it has shown us parents to not be shy and be more open to the curious minds of the youth if they have any questions talk freely open to be aware of the issues.
Yes it made it a good way for parents to approach their children about a subject that (seems to kids) doesn’t need to be addressed but it most certainly does.

Si bastante es gran ayuda para mi hijo (Translation: Yes a lot it’s a great help to my son)

Of those adults who said they had not used the plan, a few shared they had not used it because they had not felt like they needed it.

We have had no issues or instances in which to use the plan to this point.

Adults provided a variety other responses in regards to the utility of their plan including: they already had a plan in place, they had used the plan but forgotten it, and they intend to use the plan in the future.

Yes and no because my family has always had a plan before attending this program.

I’m sure it will be in the future.

It was very helpful within the 2 weeks or so after the presentation. After that it gets put under the rug, forgotten.

Just knowing I needed one not just talking about it but actually being able to say our family has a plan to deal with drug abuse was good for me that’s a huge start for families. I have since done tons to spread the info I received to other families in church settings and in my extended family.
Adult Program Evaluation

Post program satisfaction and experience

On the post survey, adults were asked a series of questions about their satisfaction and experience with the HFHY Program. Participants were satisfied with their participation in the program with no question receiving less than 97% satisfaction. Participants also reported a positive experience with the program content with no question receiving less than 91% agreement (see Figures 13 and 14).

![Figure 13](image1.png)

**Figure 13 Adult program satisfaction (for those answering Very satisfied or Satisfied)**

![Figure 14](image2.png)

**Figure 14 Adult experience with HFHY Program (for those starting Strongly agree or Agree)**
Follow-up program impact

On the follow-up survey, adults were asked twelve items about utilization and implementation of information gleaned from the HFHY Program. Participants were asked to rate the extent to which they agreed or disagreed on a 5-point Likert scale with 5 = Strongly Agree and 1 = Strongly Disagree. Strongly agree/agree ratings ranged from 80.6% to 98.9%. The items adults agreed with the most pertained to asking youth challenging questions about drugs and alcohol (98.9%), monitoring youth’s activities and behavior (98.9%), having made an impact on their youth’s attitude about drugs and alcohol (98.3%), and belief in making an impact on youth’s behavior (98.3%). Conversely, although still a majority, the HFHY Prevention Plan had the lowest agreement rating with 80.6% of adults reporting use of the plan in the three months following the program. Overall, adults reported being better prepared to communicate with their youth following the program (see Figure 15).

![Bar chart showing utilization and implementation of information](image)

*Figure 15 Adults utilization and implementation of the information (for those individuals answering Strongly agree or Agree)*
On the follow-up survey, adults also were asked about knowledge and communication gained because of the HFHY Program. Six items on a 5-point Likert scale were asked with 5=Strongly Agree and 1=Strongly Disagree. Strongly agree/agree ratings ranged from 91.7%, My child is more willing to speak with me about drugs and alcohol, to 97.8%, My child is more knowledgeable about drugs and alcohol. Overall, adults reported positive changes in knowledge and communication because of the HFHY program (see Figure 16).

![Figure 16 Adult knowledge and communication gained from the HFHY Program (for individuals answering Strongly agree or Agree)](image-url)
Youth
Youth participants who received parental permission were invited to participate in a pre survey prior to taking part in the HFHY Program. A total of 1,127 youth completed the pre survey. After completing the program, youth who participated in the pre survey also were invited to take a post survey. A total of 1,037 youth completed this post survey. Using the Survey ID code attached to each survey, the pre and post surveys were matched. A total of 1,020 Youth pre and post surveys were matched through this process.

For the three month follow-up, youth were given an opportunity to complete a follow-up survey. There were a total of 191 youth who completed the follow-up survey. There were 176 matched youth pre, post, and follow-up surveys. For this report, outcomes from the 1,020 matched youth pre and post surveys and the 176 matched pre, post and follow-up surveys are reported.

Demographics
Race
Demographic data were collected on the youth pre survey prior to their taking part in the HFHY Program. To calculate demographics, data were analyzed from all 1,127 youth who completed the pre survey. The first demographic question asked participants: What is your race? A total of 988 participants answered this question. Of those who responded, the majority (56.6%) identified as White. The other most commonly identified categories were More than one race (16.1%) and American Indian (8.0%). When compared to the state of Arizona, there were lower percentages of White, African American or Black, and Asian participants in the HFHY Program. The state census does not account for race not known, other or prefer not to respond hence these figures could not be compared.

Looking at the group that completed all three surveys, this group reported their race as White, African American, Race not known or other, and Prefer not to respond more frequently than the initial sample. Those completing the follow-up reported being Native Hawaiian, Asian, American Indian and More than one race less frequently than the initial sample. A detailed breakdown of participant race is displayed in Table 14.
Table 14 Youth race totals for HFHY

<table>
<thead>
<tr>
<th>Race</th>
<th>Count</th>
<th>Percentage</th>
<th>Matched Count</th>
<th>Matched Percentage</th>
<th>*State of AZ Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>559</td>
<td>56.6%</td>
<td>108</td>
<td>65.9%</td>
<td>83.3%</td>
</tr>
<tr>
<td>African American or Black</td>
<td>30</td>
<td>3.0%</td>
<td>6</td>
<td>3.7%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>12</td>
<td>1.2%</td>
<td>0</td>
<td>0.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>7</td>
<td>0.7%</td>
<td>2</td>
<td>1.2%</td>
<td>3.4%</td>
</tr>
<tr>
<td>American Indian</td>
<td>79</td>
<td>8.0%</td>
<td>2</td>
<td>1.2%</td>
<td>5.4%</td>
</tr>
<tr>
<td>More than one race</td>
<td>159</td>
<td>16.1%</td>
<td>11</td>
<td>6.7%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Race not known or other</td>
<td>74</td>
<td>7.5%</td>
<td>20</td>
<td>12.2%</td>
<td>N/A</td>
</tr>
<tr>
<td>Prefer not to respond</td>
<td>68</td>
<td>6.9%</td>
<td>15</td>
<td>9.1%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>988</strong></td>
<td></td>
<td><strong>164</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*These estimates are for the entire state of Arizona.

Gender
Participants also were asked *What is your gender?* A total of 1,032 individuals answered this question. Of those, the majority (54.8%) identified as *female*. The remaining 45.2% identified as male. When compared to the state of Arizona, a higher percentage of females took part in the HFHY Program. The group that completed all three surveys had a similar gender breakdown as the previous sample. A breakdown of participant gender is shown in Table 15.

Table 15 Youth gender totals for HFHY

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
<th>Percentage</th>
<th>Matched Count</th>
<th>Matched Percentage</th>
<th>*State of AZ Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>466</td>
<td>45.2%</td>
<td>77</td>
<td>46.1%</td>
<td>49.7%</td>
</tr>
<tr>
<td>Female</td>
<td>566</td>
<td>54.8%</td>
<td>90</td>
<td>53.9%</td>
<td>50.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,032</strong></td>
<td></td>
<td><strong>167</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*These estimates are for the entire state of Arizona.

Ethnicity
Participants next were asked *What is your ethnicity?* A total of 1,000 individuals answered this question. Of those, over half (57.0%) identified as *Hispanic or Latino*. The remaining participants identified as *Not Hispanic or Latino* (36.3%) or indicated *Ethnicity unknown* (6.7%). When compared to the state of Arizona, a higher percentage of *Hispanic or Latino* individuals participated in the HFHY Program. The group that completed all three surveys had a similar ethnic makeup as the previous sample. A breakdown of participant ethnicity is shown in Table 16.

28 [https://www.census.gov/quickfacts/AZ](https://www.census.gov/quickfacts/AZ)
Table 16 Youth ethnicity totals for HFHY

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
<th>Percentage</th>
<th>Matched Count</th>
<th>Matched Percentage</th>
<th>State of AZ Estimates²⁹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>570</td>
<td>57.0%</td>
<td>97</td>
<td>59.1%</td>
<td>30.9%</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>363</td>
<td>36.3%</td>
<td>55</td>
<td>33.5%</td>
<td>69.1%</td>
</tr>
<tr>
<td>Ethnicity unknown</td>
<td>67</td>
<td>6.7%</td>
<td>12</td>
<td>7.3%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,000</strong></td>
<td></td>
<td><strong>164</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*These estimates are for the entire state of Arizona.

Age

Finally, participants were asked to answer What is your age? A total of 1,065 individuals answered this question. The vast majority (96.2%) were age 12 to 14, with the remaining age 5 to 11 (3.7%) or 15 to 17 (.1%). The group that completed all three surveys had a similar gender breakdown as the previous sample. A breakdown of participant age is shown in Table 17.

Table 17 Youth age totals for HFHY

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>Percentage</th>
<th>Matched Count</th>
<th>Matched Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to 11</td>
<td>38</td>
<td>3.7%</td>
<td>6</td>
<td>3.6%</td>
</tr>
<tr>
<td>12 to 14</td>
<td>997</td>
<td>96.2%</td>
<td>162</td>
<td>96.4%</td>
</tr>
<tr>
<td>15 to 17</td>
<td>1</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,036</strong></td>
<td></td>
<td><strong>168</strong></td>
<td></td>
</tr>
</tbody>
</table>

²⁹ https://www.census.gov/quickfacts/AZ
Youth Knowledge
On both the pre and post surveys, youth were asked a series of knowledge questions meant to
gauge their familiarity with various drug prevention strategies. There was an average 11.8%
difference increase in youth correctly answering these knowledge questions. The question with
the lowest level of improvement was: Most Arizona youth my age use drugs or alcohol with a
6.5% decrease difference in the number of youth correctly answering this question, the correct
answer being false. The question with the highest level of improvement was [Fill-in blank] is
another name for the stressors youth my age experience, showing a 29.0% increase in the
number of youth correctly answering this question, the correct answer being pressure points.
This indicates a large increase in the familiarity of youth with the concept of pressure points.

At follow-up, youth were asked the same series of knowledge questions regarding familiarity
with various drug prevention strategies. There was an average 12.3% difference increase in youn
correctly answering these knowledge questions, which is a 0.5% increase from the time
of the post survey. The follow-up percent increases were similar for each item as the post survey
percent increases. For example, the knowledge item regarding pressure points had the largest
percent increase (33.9%) at follow-up. Although false, youth still believe that most Arizona
youth use drugs (-12.1% difference at follow-up compared to -6.5% difference at post survey).
For three of the knowledge items, youth maintained their knowledge gained following the
program. A detailed breakdown of the knowledge question results is shown in Table 18.

Table 18 Youth change in knowledge of drug prevention concepts

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre (% Correct)</th>
<th>Post (% Correct)</th>
<th>Pre – Post Difference</th>
<th>Follow-up (% Correct) N=176</th>
<th>Pre – Follow-up Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Arizona youth my age use drugs or alcohol</td>
<td>65.9%</td>
<td>59.4%</td>
<td>-6.5%</td>
<td>53.8%</td>
<td>-12.1%</td>
</tr>
<tr>
<td>Peer pressure is the only stressor that may lead youth to use drugs</td>
<td>61.3%</td>
<td>61.7%</td>
<td>0.4%</td>
<td>71.1%</td>
<td>9.8%</td>
</tr>
<tr>
<td>It is easier for youth to get addicted to drugs and alcohol than adults</td>
<td>60.2%</td>
<td>84.5%</td>
<td>24.3%</td>
<td>77.8%</td>
<td>17.6%</td>
</tr>
<tr>
<td>[Fill-in blank] is another name for the stressors youth my age experience</td>
<td>33.3%</td>
<td>62.3%</td>
<td>29.0%</td>
<td>67.2%</td>
<td>33.9%</td>
</tr>
</tbody>
</table>
Youth Communication Scale

On the pre and follow-up surveys, youth participants were asked a series of questions meant to capture their level of communication about substance use. The Youth Communication Scale\(^{30}\) was adapted from a previously validated scale created by Miller-Day and Kam\(^{31}\) The analyses of the Youth Communication Scale indicates there were long-term significant improvements related to family communication about substance use.

Reliability and Validity Analysis

All scale analyses were conducted from the sample of youth with matched pre, post and follow-up surveys. Within the matched sample, scale analyses were conducted on the pre surveys. The Youth Communication Scale was a stem question consisting of four items shown in Table 19. The questions related to adult communication utilized a Likert Scale ranging from 1-4, with the answers: *Strongly agree (4), Agree (3), Disagree (2) and Strongly disagree (1).*

All four items of the Youth Communication Scale were used in the calculation of the Cronbach’s alpha, which measures reliability by assessing the internal consistency of the scale. Internal consistency looks at how similarly respondents answer each item compared to each other. The scale yielded a Cronbach’s alpha of .697. An alpha under .60 generally indicates a “Questionable” score for scale reliability\(^{32}\), but given the alpha score is extremely close to “Acceptable,” alpha of .70, it was determined to be appropriate to proceed.

Further, a factor analysis (FA) was conducted to determine how well the survey instruments and their scales measure the constructs they intended to measure (i.e. validity). The FA of the Youth Communication Scale yielded one factor, all four items had factor loadings greater than .400, and these items explained 51% of the cumulative variance demonstrating acceptable construct validity. The results of the FA for Youth Communication Scale are shown in Table 19. The acceptable reliability and construct validity demonstrated the statistically appropriate use of composite scores for the scales. Thus, a composite score was generated for the Youth Communication Scale.

<table>
<thead>
<tr>
<th>Youth Communication Scale (N=168)</th>
<th>M (SD)</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one of my parents/caregivers…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has warned my child about the dangers of substance use.</td>
<td>3.75 (.510)</td>
<td>.463</td>
</tr>
<tr>
<td>Has talked to my child about how to handle offers of substances.</td>
<td>3.57 (.643)</td>
<td>.785</td>
</tr>
<tr>
<td>Tells me they would not approve if I used substances.</td>
<td>3.71 (.641)</td>
<td>.438</td>
</tr>
<tr>
<td>Asks my thoughts and opinions about using substances.</td>
<td>3.33 (.823)</td>
<td>.752</td>
</tr>
</tbody>
</table>

30 Modifications were made to the questions and responses from the adult version of this scale to ensure relevance for youth.
Youth Communication Composite Score

After determining all four items of the Youth Communication Scale contributed to internal consistency, a composite score was calculated for those four items. The composite scores were created by calculating the mean for all four items in the Youth Communication Scale. These calculations were done for the pre and follow-up surveys. The composite score can be interpreted using the same Likert Scale with items ranging from 1-4, and answers: Strongly agree (4), Agree (3), Disagree (2) and Strongly disagree (1).

On the pre survey, adults had an average score of 3.60 on the Youth Communication Scale. By the follow-up, the youth had an average score of 3.80 on the same scale. As the pre and follow-up surveys were matched, a paired samples t-test was run to determine if there was a significant difference between the mean scores of the two groups. The paired sample t-test yielded a p-value of ≤ .001, indicating a significant difference from pre to follow-up. **Youth communication about substance use significantly increased following participation in the program.**

![Youth Communication scores graph](image)

**Figure 17 Youth Communication scores**

---

33 Significance was tested at the p=0.05 level for all t-tests.
**Youth Communication Scale Components**

Youth participants were asked a series of questions about their communication regarding youth substance use. The items led with a stem question of *At least one of my parents/caregivers...* A paired sample t-test was conducted to measure the difference between the pre and post surveys. All significance testing was conducted at the $p=.05$ level. For all of the questions related to familial norms about substance use, there were significant differences between the pre and post surveys.

At follow-up, youth again were asked a series of questions about communication regarding youth substance use. Similar to post survey response, youth communication remained high with responses for *Strongly agree or Agree* ranging from 96.4% to 98.8% at follow-up.

![Figure 18 Youth communication (for those individuals answering Strongly agree or Agree)](chart)

* For pre to post, indicates significance at $p=.05$ level
Youth Parental Disapproval Scale

On the pre and follow-up surveys youth participants were asked a series of questions meant to capture the perceived level of disapproval of their parent(s)/guardian(s) about substance use. The Youth Parental Disapproval Scale was adapted from AYS. The analyses of the Youth Parental Disapproval Scale indicated there were no significant differences from pre to follow-up.

Reliability and Validity Analysis

All scale analyses were conducted from the sample of youth with matched pre, post and follow-up surveys. Within the matched sample, scale analyses were conducted on the pre surveys. The Youth Parental Disapproval Scale was a stem question consisting of three items shown in Table 12. The questions related to adult disapproval utilized a Likert Scale ranging from 1-4, with the answers: Very wrong (4), Wrong (3), A little bit wrong (2), and Not wrong at all (1).

All three items of the Youth Parental Disapproval Scale were used in the calculation of the Cronbach’s alpha, which measures reliability by assessing the internal consistency of the scale. Internal consistency looks at how similarly respondents answer each item compared to each other. The scale yielded a Cronbach’s alpha of .758. An alpha over .7 generally indicates an “Acceptable” score for scale reliability.

Further, an FA was conducted to determine how well the survey instruments and their scales measure the constructs they intended to measure (i.e. validity). The FA of the Youth Disapproval Scale yielded one factor, all three items had factor loadings greater than .400, and these items explained 33% of the cumulative variance demonstrating acceptable construct validity. The results of the FA for Youth Parental Disapproval Scale are shown in Table 20. The acceptable reliability and construct validity demonstrated the statistically appropriate use of composite scores for the scales. Thus, a composite score was generated for the Youth Parental Disapproval Scale.

Table 20 Factor Matrix Youth Parental Disapproval Scale

<table>
<thead>
<tr>
<th>Youth Parental Disapproval Scale (N=172)</th>
<th>M (SD)</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>How wrong do your parents/caregivers feel it would be for you to…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>have one or two drinks of beer, wine, or hard liquor nearly every day?</td>
<td>3.89 (.382)</td>
<td>.762</td>
</tr>
<tr>
<td>smoke marijuana?</td>
<td>3.94 (.319)</td>
<td>.750</td>
</tr>
<tr>
<td>use prescription drugs without a doctor telling them to take them?</td>
<td>3.85 (.455)</td>
<td>.674</td>
</tr>
</tbody>
</table>


Youth Parental Disapproval Scale Composite

After determining all three items of the Youth Parental Disapproval Scale contributed to internal consistency, a composite score was calculated for those three items. The composite scores were created by calculating the mean for all three items in the Youth Parental Disapproval Scale. These calculations were done for the pre and follow-up surveys. The composite score can be interpreted using the same Likert Scale with items ranging from 1-4, and answers: Very wrong (4), Wrong (3), A little bit wrong (2), and Not wrong at all (1).

On the pre survey, the youth had an average score of 3.89 on the Youth Parental Disapproval Scale. By the follow-up, the youth had an average score of 3.93 on the same scale. As the pre and follow-up surveys were matched, a paired samples t-test was run to determine if there was a significant difference between the mean scores of the two groups. The paired sample t-test yielded a p-value of .173, indicating there was no significant difference from pre to follow-up\(^{36}\). Though there was an increase from pre to follow-up, there was no significant difference. Youth ratings for parental disapproval did not show a significant change following the program but remained at a high level of perceived disapproval.

---

\(^{36}\) Significance was tested at the p=.05 level for all t-tests.
Youth Parental Disapproval Scale Components
Youth participants were asked a series of questions about their perceived parental attitudes about adolescent substance use. Items began with a stem question of *How wrong do your parents/caregivers feel it would be for you to...* A paired sample t-test was conducted to measure the difference between the pre and post surveys. All significance testing was conducted at the p=.05 level. For all of the questions related to youth perceived parental attitudes, there were no significant differences between the pre and post surveys.

At follow-up, youth again were asked about their perceived parental attitudes regarding adolescent substance use. Follow-up responses of *Very Wrong* or *Wrong* about perceived parental attitudes about substance use remained high, ranging from 97.4% to 99.4%.

![Figure 20 Youth parental disapproval (for those answering Very wrong or Wrong)](image-url)

*Figure 20 Youth parental disapproval (for those answering Very wrong or Wrong)*
Youth Perceived Risk Scale

On the pre and follow-up surveys, youth participants were asked a series of questions meant to capture their perceptions of harm for youth substance use. The Youth Perceived Risk Scale was adapted from Arizona Youth Survey (AYS)\(^{37}\). The analyses of the Youth Perceived Risk Scale indicates there were significant improvements from pre to follow-up regarding the perceived risk of substance use.

Reliability and Validity Analysis

All scale analyses were conducted from the sample of youth with matched pre, post and follow-up surveys. Within the matched sample, scale analyses were conducted on the pre surveys. The Youth Perceived Risk Scale was a stem question consisting of five items shown in Table 13. The questions related to adult perceived harm utilized a Likert Scale ranging from 1-4, with the answers: Great risk (4), Moderate risk (3), Slight risk (2), and No risk (1).

All five items of the Youth Perceived Risk Scale were used in the calculation of the Cronbach’s alpha, which measures reliability by assessing the internal consistency of the scale. Internal consistency looks at how similarly respondents answer each item compared to each other. The scale yielded a Cronbach’s alpha of .957. An alpha over .9 generally indicates an “Excellent” score for scale reliability\(^{38}\).

Further, a FA was conducted to determine how well the survey instruments and their scales measure the constructs they intended to measure (i.e. validity). The FA of the Adult Risk Harm Scale yielded one factor, all the items had factor loadings greater than .400, and these items explained 71% of the cumulative variance demonstrating acceptable construct validity. The results of the FA for Youth Perceived Risk Scale are shown in Table 21. The acceptable reliability and construct validity demonstrated the statistically appropriate use of composite scores for the scales. Thus, a composite score was generated for the Youth Perceived Risk Scale.

<table>
<thead>
<tr>
<th>How much do you think youth risk harming themselves if they…</th>
<th>M (SD)</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Try marijuana once or twice?</td>
<td>3.33 (.992)</td>
<td>.856</td>
</tr>
<tr>
<td>Smoke marijuana once or twice a week?</td>
<td>3.54 (.933)</td>
<td>.951</td>
</tr>
<tr>
<td>Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?</td>
<td>3.58 (.892)</td>
<td>.896</td>
</tr>
<tr>
<td>Have five or more drinks of an alcoholic beverage in a row once or twice a week?</td>
<td>3.64 (.923)</td>
<td>.956</td>
</tr>
<tr>
<td>Use prescription drugs without a doctor telling them to take them?</td>
<td>3.55 (.913)</td>
<td>.867</td>
</tr>
</tbody>
</table>


Youth Perceived Risk Scale Composite

After determining all five items of the Youth Perceived Risk Scale contributed to internal consistency, a composite score was calculated for those five items. The composite scores were created by calculating the mean for all five items in the Youth Perceived Risk Scale. These calculations were done for the pre and follow-up surveys. The composite score can be interpreted using the same Likert Scale with items ranging from 1-4, and answers: Great risk (4), Moderate risk (3), Slight risk (2), and No risk (1).

On the pre survey, youth had an average score of 3.51 on the Youth Perceived Risk Scale. By the follow-up, youth had an average score of 3.75 on the same scale. As the pre and follow-up surveys were matched, a paired samples t-test was run to determine if there was a significant difference between the mean scores of the two groups. The paired sample t-test yielded a p-value of ≤ .001, indicating there was a significant difference from pre to follow-up. From pre to follow-up, youth showed a significant improvement in their belief in the risk associated with substance use.

Figure 21 Youth Perceived Risk scores

---

39 Significance was tested at the p=.05 level for all t-tests.
Youth Perceived Risk Scale Components
Youth participants were asked a series of questions about the perceived risk of youth harming themselves from substance use. The items began with a stem question of *How much do you think youth risk harming themselves (physically or in other ways) if they...* A paired samples t-test was conducted to measure the difference between the pre and post surveys. All significance testing was conducted at the $p=.05$ level. For all of the questions related to youth perceived risk, there were significant differences between the pre and post surveys.

At follow-up, youth were again asked a series of question about the perceived risk of youth harming themselves from substance use were maintained, ranging from 91.6% to 96.4%.

*Figure 22 Youth perceived risk (for those responding Great risk or Moderate risk)*

*For pre and post, indicates significance at $p=.05$ level*
Youth Family Norms Scale

On the pre and follow-up surveys, youth participants were asked a series of questions meant to capture their family’s rules about substance use. The Youth Family Norms Scale\textsuperscript{40} was adapted from a scale used with the \textit{keepin’ it REAL} Program\textsuperscript{41}. The analyses of the Youth Family Norms Scale indicates there were no significant differences from pre to follow-up. \textbf{The analyses of the Youth Family Norms Scale indicates that there were long term significant improvements related to family rules about substance use.}

Reliability and Validity Analysis

All scale analyses were conducted from the sample of youth with matched pre, post and follow-up surveys. Within the matched sample, scale analyses were conducted on the pre surveys. The Youth Family Norms Scale was a stem question consisting of four items shown in Table 10. The questions related to family rules utilized a Likert Scale ranging from 1-4, with the answers: \textit{Yes! (4), yes (3), no (2), and NO! (1).}

All four items of the Youth Family Norms Scale were used in the calculation of the Cronbach’s alpha, which measures reliability by assessing the internal consistency of the scale. Internal consistency looks at how similarly respondents answer each item compared to each other. The scale yielded a Cronbach’s alpha of .673. An alpha over .6 generally indicates a “Questionable” score for scale reliability\textsuperscript{42}, but given the alpha score is close to “Acceptable” it was determined to be appropriate to proceed with the scale.

Further, a FA was conducted to determine how well the survey instruments and their scales measure the constructs they intended to measure (i.e. validity). The FA of the Youth Family Norms Scale yielded one factor, all the factors had factor loadings greater than .400, and these items explained 36% of the cumulative variance demonstrating acceptable construct validity. The results of the FA for Youth Family Norms Scale are shown in Table 22. The acceptable reliability and construct validity demonstrated the statistically appropriate use of composite scores for the scales. Thus, a composite score was generated for the Youth Family Norms Scale.

\textsuperscript{40} Modifications were made to the questions and responses from the adult version of this scale to ensure relevance for youth.


Table 22 Factor Matrix Youth Family Norms Scale

<table>
<thead>
<tr>
<th>Youth Family Norms Scale (N=174)</th>
<th>M (SD)</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>My family has clear rules for me.</td>
<td>3.65 (.557)</td>
<td>.749</td>
</tr>
<tr>
<td>My family has clear rules about alcohol use.</td>
<td>3.73 (.550)</td>
<td>.552</td>
</tr>
<tr>
<td>I can ask my parent/caregivers about any personal problem I might have.</td>
<td>3.60 (.634)</td>
<td>.409</td>
</tr>
<tr>
<td>My parents/caregivers let me know they notice when I do a good job on what they’ve asked me to do.</td>
<td>3.62 (.584)</td>
<td>.644</td>
</tr>
</tbody>
</table>

Youth Family Norms Scale Composite

After determining all four items of the Youth Family Norms Scale contributed to internal consistency, a composite score was calculated for those four items. The composite scores were created by calculating the mean for all four items in the Youth Family Norms Scale. These calculations were done for the pre and follow-up surveys. The composite score can be interpreted using the same Likert Scale with items ranging from 1-4, and answers: Yes! (4), yes (3), no (2), and NO! (1).

On the pre survey, youth had an average score of 3.66 on the Youth Family Norms Scale. By the follow-up, youth had an average score of 3.75 on the same scale. As the pre and follow-up surveys were matched, a paired samples t-test was run to determine if there was a significant difference between the mean scores of the two groups. The paired sample t-test yielded a p-value of .004, indicating there was a significant difference from pre to follow-up. Following the program, youth reported a significant increase in family rules.

Figure 23 Youth Family Norms scores

---

41 Significance was tested at the p=.05 level for all t-tests.
Youth Family Norms Scale Component Questions

Youth participants were asked a series of questions about family expectations regarding substance use. A paired sample t-test was conducted to measure the difference between the pre and post surveys. All significance testing was conducted at the $p=.05$ level. For all of the questions related to communication, there were significant differences between the pre and post surveys.

At follow-up, youth again were asked a series of questions about family rules regarding substance use. Youth affirmative responses (YES! or yes) were maintained, ranging from 96.5% to 99.4%. Youth continued their believes that their parents notice when they do a good job, that they can ask their parents about problems they may have, that their parents do have clear rules regarding alcohol use and in general.

![Figure 24 Youth family norms about substance use (for those answering YES! or yes)](image)

* For pre and post, indicates significance at $p=.05$ level
Youth Peer Disapproval Scale

On the pre and follow-up surveys, youth participants were asked a series of questions meant to capture their family rules about substance use. The Youth Peer Disapproval Scale was adapted from a scale used with the AYS\(^4\). The analyses of the Youth Peer Disapproval Scale indicates there were no significant differences from pre to follow-up and thus, no long term significant improvements related to peer disapproval.

Reliability and Validity Analysis

All scale analyses were conducted from the sample of youth with matched pre, post and follow-up surveys. Within the matched sample, scale analyses were conducted on the pre surveys. The Youth Peer Disapproval Scale was a stem question consisting of three items shown in Table 15. The questions related to family rules utilized a Likert Scale ranging from 1-4, with the answers: Very wrong (4), Wrong (3), A little bit wrong (2), and Not wrong at all (1).

All four items of the Youth Peer Disapproval Scale were used in the calculation of the Cronbach’s alpha, which measures reliability by assessing the internal consistency of the scale. Internal consistency looks at how similarly respondents answer each item compared to each other. The scale yielded a Cronbach’s alpha of .796. An alpha over .7 generally indicates an “Acceptable” score for scale reliability\(^4\).

Further, a FA was conducted to determine how well the survey instruments and their scales measure the constructs they intended to measure (i.e. validity). The FA of the Youth Peer Disapproval Scale yielded one factor, all the factors had factor loadings greater than .400, and these items explained 82% of the cumulative variance demonstrating acceptable construct validity. The results of the FA for Youth Peer Disapproval Scale are shown in Table 23. The acceptable reliability and construct validity demonstrated the statistically appropriate use of composite scores for the scales. Thus, a composite score was generated for the Youth Peer Disapproval Scale.

Table 23 Factor Matrix Youth Peer Disapproval Scale

<table>
<thead>
<tr>
<th>Youth Peer Disapproval Scale (N=171)</th>
<th>M (SD)</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>How wrong do your friends feel it would be for you to…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>have one or two drinks of beer, wine, or hard liquor nearly every day?</td>
<td>3.76 (.538)</td>
<td>.757</td>
</tr>
<tr>
<td>smoke marijuana?</td>
<td>3.89 (.426)</td>
<td>.795</td>
</tr>
<tr>
<td>use prescription drugs without a doctor telling them to take them?</td>
<td>3.85 (.434)</td>
<td>.724</td>
</tr>
</tbody>
</table>


Youth Peer Disapproval Scale Composite

After determining all four items of the Youth Peer Disapproval Scale contributed to internal consistency, a composite score was calculated for those four items. The composite scores were created by calculating the mean for all four items in the Youth Peer Disapproval Scale. These calculations were done for the pre and follow-up surveys. The composite score can be interpreted using the same Likert Scale with items ranging from 1-4, and answers: Very wrong (4), Wrong (3), A little bit wrong (2), and Not wrong at all (1).

On the pre survey, youth had an average score of 3.83 on the Youth Peer Disapproval Scale. By the follow-up, youth had an average score of 3.79 on the same scale. As the pre and follow-up surveys were matched, a paired samples t-test was run to determine if there was a significant difference between the mean scores of the two groups. The paired sample t-test yielded a p-value of .342, indicating there was no significant difference from pre to follow-up. Though there was a decrease in this score from pre to follow-up the difference was not significant. **Youth peer disapproval did not show a significant change after participating in the program.**

![Figure 25 Youth Peer Disapproval scores](image)

---

46 Significance was tested at the p=.05 level for all t-tests.
Youth Peer Disapproval Scale

Youth participants also were asked a series of questions about their friends’ norms about substance use. The items began with a stem question of *How wrong do your friends feel it would be for you to...* A paired sample t-test was conducted to measure the difference between the pre and post surveys. All significance testing was conducted at the p=.05 level. For two of the questions related to friends’ norms, there were significant differences between the pre and post surveys. For one question: … *smoke marijuana* there was no significant difference between pre and post.

At follow-up, youth again were asked about friends’ norms regarding substance use. Youth responses regarding substance use to be *Very Wrong* or *Wrong* remained high with responses ranging from 95.9% to 96.8%. Overall, youth at follow-up continued to report that their friends’ felt that using substances is wrong.

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>use prescription drugs not prescribed to you?*</td>
<td>97.0%</td>
<td>97.0%</td>
<td>96.5%</td>
</tr>
<tr>
<td>smoke marijuana?</td>
<td>96.5%</td>
<td>96.8%</td>
<td>97.0%</td>
</tr>
<tr>
<td>have one or two drinks of an alcoholic beverage nearly every day?*</td>
<td>95.7%</td>
<td>96.8%</td>
<td>95.9%</td>
</tr>
</tbody>
</table>

* Indicates significance at p=.05 level

Figure 26 Youth Peer Disapproval (for those answering Very wrong or Wrong)
Youth Open-Ended Responses
As a part of all three surveys, youth were asked a series of open-ended questions to gain a clearer understanding of their opinions and the impact of the program. All responses were entered into NVivo qualitative data analysis software to identify salient themes and ideas expressed by HFHY participants.

Pre Survey
Youth were asked three open-ended questions as a part of the pre survey.

Is it difficult to discuss substance use with your parent(s)/caregiver(s)? Why or why not?

The first open-ended question for youth asked: Is it difficult to discuss substance use with your parent(s)/caregiver(s)? Why or why not? There were a total of 911 youth who answered this question, and the majority shared positive feelings about discussing substance use.

The majority of participants shared that it was not in difficult to discuss substance use with their parents. Many individuals simply stated “no” it was not difficult, while others chose to provide an explanation as to why it was not difficult to have these discussions. Similar to adults, youth shared that it was not difficult because their family has an open relationship. This was the most common rationale for easy conversations.

It is not difficult to discuss substance use with my parents because my parents are very open and willing to hear about any problems.

No it’s not difficult to discuss substance use with my parents because I tell them everything and I am very open with problems I have.

No because I know they can help me in times in need.

No, because my parents are very helpful and comforting when they talk about these serious issues.

Many youth also shared that it is easy to talk with their parents about substance use because they see their parents as helpful.
Many youth indicated it was not difficult to talk to their parents about substance use because they simply have no interest, or experience, using substances.

No, personally I have not used drugs or alcohol but if I were to, I think I could talk pretty straight forward with them.

Numerous youth also shared they have family expectations and talked previously about the topic of drug use, making it easier to talk about substance use.

No because we talk about it regularly.

Further, many youth indicated communicating about substance use was not difficult because they already understand the dangers and risks associated with drugs and alcohol use.

No, because I know not to do drugs anytime.

I don’t think it’s hard because I understand not to do it

A few youth also shared that, as it was such an important conversation, it was not difficult to discuss substance use.

It’s not difficult because it is important to talk about it with your family.
A few youth indicated that family experience with substance use made the discussion easier. In some cases, this was personal experience. Some youth shared that there was a history of substance use in their family. This was consistent with what adults shared on their surveys.

Youth shared a variety of other reasons why substance use conversations were easy including: they feel comfortable, it is simple, and their religion.

There were, however, many youth who shared that it was difficult to discuss substance use. Some simply shared it was difficult, but others gave reasons. The most common reason being that the conversation was awkward or uncomfortable.

Some youth shared it was difficult because they felt as though the conversations may get them in trouble. Youth shared they were worried their parents would think they were using, that their parents might get mad, or they may end up feeling guilty.
Many youth simply shared that the conversation was difficult.

- Yes because they yell sometimes and it hurts my feelings.
- A little bit because you can feel like you did something very wrong and don’t want to get in trouble.

Some youth felt as though their parents do not understand or listen during these conversations.

- Yes, because it is hard to talk to them about it.
- Yes, because it sometimes is difficult to talk about.
- Cuz they don’t listen.
- Yes because sometimes she don’t understand me or she gets confused.

Some youth also shared that this was a difficult conversation because it was an infrequent conversation and was often limited by time constraints.

- Kind of because it is not exactly a subject I talk about daily so it’s like writing with your right hand when you are left handed.
- Yes because I wouldn’t want to lose my relationship with my dad.

A few youth also pointed to some family dynamics that made the discussion difficult including previous family experience and parent expectations.

- Yes they really try avoiding it cause they hate talking about it because it reminds them of my sister who is now doing drugs and doesn’t live with us.
When you have discussions about substance use, how does it make you feel?

The second open-ended question asked youth: When you have discussions about substance use, how does it make you feel? Discussing substance use made participants feel a variety of different ways, and 872 individuals provided responses. For this question, responses were nearly evenly split between positive and negative feelings associated with substance use discussions.

For those who did share negative feeling about discussing substance use, the most frequent response was the discussions made them feel uncomfortable. This discomfort was often felt because youth believed they did not need the conversations.

Others shared this discussion was uncomfortable because they do not often have these conversations.

Numerous youth shared discussing substance use made them feel sad, but specifically sad for those who use drugs.

Many youth also shared that the discussions about substance use made them feel scared, nervous, or guilty.
Further, a few individuals shared that conversations about substance use make them feel annoyed, bored, and not trusted.

- It makes me feel nervous because you think you are going to get in trouble.
- It makes me feel like I’m not doing the right thing, I feel wrong.
- Annoyed if it’s something bad I know not to take it yet they tell me time and time again.
- It makes me feel bored like I want to go on my phone and ignore the situation.
- It’ll make me feel like they don’t trust me.

While many shared that conversations about substance use brings out negative feelings, many indicated positive experiences with those conversations.

Of those that felt positive about those conversations, many shared that those conversations made them feel encouraged not to do drugs.

- It makes me feel good because the help me avoid bad decisions.
- When I have discussions about substance use it makes me feel as if I should never do that.
Many also shared that these conversations made them feel good because their parents cared.

Makes me feel good because I know my parents care about the decisions I make.

Others indicated that these conversations make them feel knowledgeable and prepared.

When I have discussions about substance use, it makes me feel better because I know now about it and safer

Many youth also shared that these conversations made them feel safe or secure.

It makes me feel safe because they are just trying to protect me.

Numerous youth also shared feeling comfortable during these conversations.

I feel comfortable, I can ask any questions I have.

A few others shared that they felt prepared or happy while discussing substance use.

It makes me feel more prepared for the future. Happy so I know not to use them.

Many youth shared that their experience speaking about substances made them feel “the same” or “ok.”

I feel okay it doesn’t bother me.
What do you hope to learn from the HFHY Program?

The final open-ended question on the pre survey was about what youth hoped to learn from the program. A total of 831 youth provided answers.

The most frequent cited hope for the program was to learn how to avoid drugs and alcohol.

I hope to learn more about how to prevent substance use...

Numerous participants also shared they hoped to learn more about the effects and dangers of drugs.

I hope to learn the types of drugs and how it harms you.

Other participants hoped to learn about decision making, and more specifically avoiding peer pressure.

I hope to learn how to avoid peer pressure and the importance of saying no to drugs.

Others had more general hopes for the program including gaining knowledge and skills about how to be healthy.

I hope to learn how to stay healthy, what can happen to you if you take drugs.

To learn how to help my family stay healthy and away from drugs

A few participants indicated they hoped to develop family skills, and several specifically mentioned communication.
Other ideas mentioned for HFHY Program hopes were: a plan to avoid drugs, risks at school, and self-care.

**I hope that I can learn about a plan to say no to drugs and other substances**

**Post Survey**

Youth were asked two open-ended questions on the youth post survey to gain a better understanding their experience with the program.

*Which part(s) of the HFHY Program was (were) the most beneficial? Why?*

When asked about which part of the program was most beneficial, youth provided a variety of answers. There were a total of 833 individuals who provided an answer to this question. Many shared that “Everything” about the program was beneficial. However, of those who provided an answer, the most frequently shared idea was information about the consequences of drugs. This aligns very closely to the responses provided by adults on the post survey.

Numerous youth also pointed to the videos as the most beneficial portion of the program.

**Explaining the impact of drug use and alcohol drinkage is the most beneficial because someone young like me will understand the consequences of drugs, alcohol for their future and choose the great path.**

**The videos because the feeling was strong.**

**I think watching the video about the teens who made bad decisions were the most beneficial. I think this because knowing that these things really happened to people all around the world makes me want to say no so it won’t happen to me.**

**Talking to my parents by ourselves**

Many youth indicated that the time speaking with their parents was the most beneficial portion of the evening.
Other youth shared the youth session was most beneficial.

The talk with other 7th grades or when we got separated from the adults. I got to hear the opinion about drugs and alcohol from people my age.

Youth also shared learning to say no when offered substances was the most beneficial part of the program.

How to say no to drugs, because you can learn too much.

Many youth also pointed specifically to the pressure points activity as being the most beneficial.

I think it was when we had to write our pressure points it made me realize what really made me stress.

Information about the effects of drugs was another aspect of the program which many youth found beneficial.

I feel like learning about drugs was most beneficial because it showed what they can do to us.

Youth also indicated that the development of the plan, as well as the communication with adults, was the most beneficial.
A few of the youth provided other answers about what they found most beneficial including: learning, helping future, surveys, and activities.

There were a few of the youth who indicated there was nothing they found beneficial, or they were unsure. Some of those who gave this answer shared that they already knew this information.

I think when adult and youth come together to come up with a plan because if you lean this stuff without coming up with a plan it is not as useful than if you did.

Telling students how to be able to talk to parents about these uncomfortable subjects

None really, because I learned this early on.

Learning many things for our future is very good for ourselves.

Please provide any additional comments or suggestions:

Youth were also asked to provide any comments they had about the program on the post survey. There were a total of 595 individuals who provided a response to this question. The majority indicated it was a positive experience, or sharing they had no comment.

I really liked this because I got to talk to my mom about stuff we usually don’t talk about

Many of the youth shared a desire for further programming. Most of those who expressed a desire for further programming shared they hope the programming continued next year.

I love this program. This program was awesome like me & my mom

This program should be open to the whole Jr. High. This is an amazing idea to inspire teens and all ages to make the right choice.
Others shared they hoped the program was provided to other schools and grades.

Youth also shared some of the specific benefits they gained from the program including knowledge about substance use and decision making.

Some youth simply shared “don’t do drugs,” or they will never do drugs, when asked for a comment.

Despite many positive comments, there were several participants who offered constructive feedback about the program. The most frequently shared area for improvement was to shorten the program, similar to adult participants.

Youth also indicated they hoped for more info about drugs as well as more activities.

Other suggestions provided by youth include: more time for discussions, more videos, changing lesson pacing, and fewer surveys.
Follow-up Surveys
Youth were also asked two open-ended questions as a part of the follow-up survey.

What could be done to the HFHY Program to make it more useful for you and people your age?

When asked what could be done to make the program more useful, 129 youth provided responses. Of those individuals, numerous youth indicated the program was beneficial and had no suggestions for what could be done to make the program more useful.

Of the youth who provided suggestions for improving the program. The most frequently cited suggestion was to provide more engaging activities.

Nothing everything was really good and was really helpful.

Incorporate activity that kids my age enjoy.

I don’t know, I think the program went well and I also learned a few new facts. I found it interesting but some may not feel the same, I would advise maybe some more activities, like games. That would be really cool.

Make it more consistent. Don’t just come one time and not come back.

We need the healthy youth program more often to prevent kids to involve in drug problems.

It could go more in depth on what drugs can do to you.

Many of the youth expressed a desire for the program to happen more frequently.

Again, the youth expressed a desire for more information about drugs in the program.
The youth also shared they hoped the program would be expanded to more participants.

Make it mandatory for all kids, or make it into an assembly.

The youth also expressed a desire for more discussion, and a speaker with first-hand drug experience.

Give us more discussion time. Bring in somebody with experience using drugs and alcohol at a young age

The youth also expressed a desire for greater follow-up, a shorter program, and creating safe spaces.

Possibly try to do more follow up surveys and in those surveys ask if they have been having lots of conversations about drug abuse Not as long, and less talking more activities.

Have a spot where other can go by themselves because of anxiety other than that the session is great...
Has the plan you developed during the HFHY Program been helpful?

Finally, youth were asked if the plan they developed during the program was helpful, and 130 individuals provided responses. The majority of those individuals shared that, yes, it had been helpful. Many of those individuals shared that the program had impacted their ability to make decisions about substance use.

Yes, because I know how to avoid drugs better than before

Yes, I feel more aware if I was in a situation & confident I have a plan

Other youth shared that their plan made them more knowledgeable about the effects of drugs.

Yes! Because it helps you understand more about the things that may cause if you use drugs or drink alcohol.

Several of the youth shared that the plan had helped improve communication with their families and improved family relationships.

Yes, because I feel safer talking about private things and other feeling and I know that it is safe with my parents.

A few of the youth indicated that the plan helped them develop a safe word to get out of difficult situations, which they felt was useful.

Yes, now we know what our code word is when we would use it and what situations might call for us to use it.
There were, however, a few of the youth who stated they had not used the plan, and of those, the majority stated it was because they had not needed the plan.

A few of the youth shared the plan was not useful because they already had a plan in place, while a few shared they did not have a plan in place.

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*No, because I have not needed to use it.*

*No, we already had a plan and clear rules set about alcohol.*

*Me and my family have come up with ideas and have talked about it. We don’t have an official plan to go to.*
Youth Stand-Alone Questions
As a part of the HFHY Youth surveys, youth were asked two questions which were only present in the pre and follow-up surveys. These questions were not meant to be included in any scales, but were relevant to the program. All analyses were done with the sample of youth with matched pre, post, and follow-up surveys.

My parents spend time doing fun things with me
Youth were first asked to rate their level of agreement with the following statement: My parents spend time doing fun things with me. This question utilized a Likert Scale ranging from 1-4, with the answers: Strongly agree (4), Agree (3), Disagree (2) and Strongly disagree (1). On both the pre and follow-up surveys, youth expressed high levels of agreement with this statement. On the follow-up there was a higher proportion of participants who stated they Strongly agree, but fewer youth indicated they Agree with the statement. A breakdown of youth responses to this question are shown in Table 24.

Importance of honesty
Youth were next asked to rate their level of agreement with the following statement: It is important to be honest with your parents, even if they become upset or there are consequences. This question utilized a Likert Scale ranging from 1-4, with the answers: Strongly agree (4), Agree (3), Disagree (2) and Strongly disagree (1). Once again, youth expressed high levels of agreement with this statement. On the follow-up there was a lower percentage of participants who shared they Strongly agree but more who indicated they Agree. A breakdown of youth responses to this question are shown in Table 24.

<table>
<thead>
<tr>
<th>Table 24 Response to youth stand-alone questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>My parents spend time doing fun things with me</strong></td>
</tr>
<tr>
<td>Pre (n=174)</td>
</tr>
<tr>
<td>Follow-up (n=165)</td>
</tr>
<tr>
<td><strong>It is important to be honest with your parents, even if they become upset or there are consequences</strong></td>
</tr>
<tr>
<td>Pre (n=174)</td>
</tr>
<tr>
<td>Follow-up (n=169)</td>
</tr>
</tbody>
</table>
Conversation about substance use

Youth also were asked to share how recently they had a conversation with a parent about how to refuse drugs and alcohol. This question had the following responses: In the last week, In the last month, In the last three months, In the last year, and Never. Higher proportions of youth indicated they had had a conversation within the last week from pre (28.2%) to follow-up (36.5%). Further, a small proportion indicated they had never had a conversation from pre (6.1%) to follow-up (1.3%). A detailed breakdown of the responses are shown in Table 25.

Table 25 Youth timing of substance use conversations

<table>
<thead>
<tr>
<th>How recently have you had a conversation with a parent about how to refuse or avoid drugs and alcohol?</th>
<th>In the last week</th>
<th>In the last month</th>
<th>In the last three months</th>
<th>In the last year</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre (n=163)</td>
<td>28.2%</td>
<td>32.5%</td>
<td>17.2%</td>
<td>16.0%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Follow-up (n=159)</td>
<td>36.5%</td>
<td>35.8%</td>
<td>18.2%</td>
<td>8.2%</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

HFHY Event at Eloy Junior High School
Youth Program Evaluation

Post program satisfaction and experience

On the post survey, youth also were asked a series of questions about their satisfaction and experience with the HFHY Program. Youth were satisfied with their participation in the program with no question receiving less than 97.4% overall positive satisfaction score. Youth also reported a positive experience with the program content with no question receiving less than 95.1% agreement.

![Bar chart showing youth program satisfaction](image)

*Figure 27 Youth program satisfaction (for those answering Very satisfied or Satisfied)*
Figure 28 Youth experience with HFHY Program (for those stating Strongly agree or Agree)
Follow-up program impact

At follow-up, youth also were asked a series of items about knowledge, resistance ability, and communication around preventing drugs and alcohol use as a result of the HFHY Program. Nine items on a 5-point Likert scale were asked with 5=Strongly Agree and 1=Strongly Disagree. Strongly agree or Agree ratings ranged from 93.1%, I feel more comfortable talking to the adults in my life about drugs and alcohol, to 100.0%, I know of a variety of activities I can do instead of using drugs or alcohol, I know different things to say if I am offered drugs or alcohol, I understand that my choices around drugs and alcohol have consequences and I know more about my pressure points and how they can influence drug and alcohol use. Overall, youth reported positive changes in knowledge, resistance ability, and communication because of the HFHY program.

Figure 29 Youth knowledge, resistance ability, and communication gained from the HFHY program (for those individuals answering Strongly agree or Agree)
On the follow-up survey, youth also were asked a variety of questions about the extent that the information gleaned during the HFHY program was utilized. Participants were asked to rate the extent to which they agreed or disagreed on a 5-point Likert scale with 5=Strongly Agree and 1=Strongly Disagree. Youth Strongly Agree or Agree responses ranged from 87.4% to 95.5%.

The items youth agreed with the most related to their family having made rules about substance use (97.7%), having thought about activities to avoid drugs and alcohol (96.5%), having a family discussion about the prevention plan made during the HFHY Program (95.5%), and having talked with their family about substance use since the HFHY Program (94.3%). Conversely, although still a majority, utilization of the HFHY Prevention Plan had the lowest agreement rating with 87.4% of youth reporting their family had use the plan in the three months following the program. Overall, youth reported more communication about substance use issues with their family following the HFHY program (see Figure 16).

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>My family has talked about the prevention plan we made during the HFHY Program.</td>
<td>95.5%</td>
</tr>
<tr>
<td>My family has made rules about substance abuse.</td>
<td>97.7%</td>
</tr>
<tr>
<td>My family has talked about substance abuse since the HFHY Program.</td>
<td>94.3%</td>
</tr>
<tr>
<td>I have thought about the many activities I can do to avoid drugs and alcohol.</td>
<td>96.5%</td>
</tr>
<tr>
<td>My family has used the prevention plan we made during the HFHY Program.</td>
<td>87.4%</td>
</tr>
</tbody>
</table>

*Figure 30 Youth utilization of the information (for those individuals answering Strongly agree or Agree)*
Facilitators and Coordinators

Post Survey

Individuals who had a role in the Healthy Families Healthy Youth Program were asked to complete a voluntary and anonymous online post survey one week after the completion of the program. The online survey link was emailed to adult and youth leaders, program coordinators, data coordinators, and other staff. A total of 167 individuals completed the survey. Overall, the responses to the survey were positive.

The survey consisted of six sections. The first section consisted of two questions focused on identifiers. The second section was comprised of seven statements used to identify perceptions of the program. The third section consisted of seven statements used to identify perceptions on the impact of the program. The fourth section consisted of five questions about program participation. The fifth section focused on four open-ended questions about the program and the sixth part focused on four demographic questions. Parts two and three of the post survey were based on a Likert scale format which respondents were asked to agree or disagree with statements. Responses were based on a scale of 1 – 5: Strongly agree (5), Agree (4), Neither agree nor disagree (3), Disagree (2) and Strongly disagree (1).

Participants

Of the 167 facilitators and coordinators who completed the post survey, the majority of individuals identified as one of the following roles: Adult Leader (26.6%), Youth Leader (28.5%), Program Coordinator (20.3%), or Data Coordinator (16.5%). The remaining 8.2% identified as Other.
Program perceptions

Facilitators and coordinators were asked a series of questions about their perception of the program. There were high levels of agreement on each question and only two questions had less than 90% when combining the *Strongly agree* or *Agree* responses. Those two questions were: *The evaluation procedure was understood by participants* (76.5%) and *I expect the families to use the prevention plan they developed during the program* (88.5%).

![Figure 32 Facilitator and Coordinator Perceptions of the HFHY Program (for those individuals answering Strongly agree or Agree)](image-url)
When asked about the perceived impact of the program, facilitators and coordinators were once again very positive. The question with the highest level of agreement was *Parents better understand the pressure points their youth experience* with 98.8% indicating they Strongly agree or Agree.

**Figure 33 Facilitator and Coordinator Impact of the HFHY Program (from those individuals answering Strongly agree or Agree)**
Participation

There were also a series of questions meant to gauge the level of participation by youth and adults who attended the program. Facilitators and coordinators reported high levels of participation, attentiveness, family plan development, belief youth will use the skills, and belief the program will meet its intended goals.

Figure 34 Participants in family discussions

Figure 35 Participants attentiveness

Figure 36 How many participants developed a family plan?

Figure 37 How likely will youth use skills developed in this program?
Figure 38 How likely do you believe the program will meet its intended goals?

HFHY Event at Willcox Middle School
Open-ended questions

What kinds of knowledge and skills did the HFHY provide parents and youth?

Overall, the respondents’ comments indicate the HFHY Program provided parents and youth with better communication on the topic of substance use, brought awareness to families about drugs and provided families with knowledge and data on substance use.

Communication points, starting point on how to have difficult conversations. Besides the knowledge and skills HFHY also provided an ideal setting and environment where the parents and youth were able to communicate about expectations and rules about drugs and alcohol.

Which parts of the HFHY Program do you believe were the most beneficial for participants? Why?

Overall, the respondents’ comments indicated the HFHY, in general, was beneficial especially in regards to providing an environment and activities where families could communicate on the topic of substance use.

Getting the parents together with kids in a setting where they had to talk about things that many of them might find uncomfortable otherwise.

Are there any additional resources you think would be necessary to help achieve the goals of the HFHY Program? What are they?

Respondents’ comments indicated the HFHY program could enhance the achievement of its goals by providing resources in Spanish and providing resources to families which they can access online. Overall, respondents stated the resources provided were adequate.

I would just suggest that all of the literature be provided to the schools in both English and Spanish. The resources we received did not have every pamphlet in Spanish.
Do you have any additional comments or concerns about the program?

Comments varied with participants, but one frequent comment was in regards to shortening the evaluation process, which many found to take away from the program overall.

I think the eval portion was a little long. I also think that the time that it took to do the post survey was also a little lengthy. By the time the dinner was over it seemed like some of the families were a little restless. It also made for a really long day for the youth.

Follow-up

Three months after the completion of the HFHY Program, HFHY Coordinators were asked to complete a voluntary and anonymous online follow-up survey. A total of 33 coordinators completed the survey. Overall, the responses to the survey were positive, with the majority of respondents either agreeing or strongly agreeing with various statements related to the program. The follow-up survey utilized a Likert-type scale format. Participants were asked to rate their level of agreement, and responses were based on a scale of 1 - 5, with (1) Strongly disagree, (2) Disagree, (3) Neither agree nor disagree (neutral), (4) Agree, and (5) Strongly agree.

Coordinator program perception

The first section of the survey was comprised of 14 declarative statements used to identify coordinators perceptions of the program. Generally, there were high levels of agreement with each statement, however, there were a few statements where participants expressed disagreement. When participants were asked to rate the following question: I have seen the skills taught in the HFHY Program used in my community only 60% of participants stated the Strongly agree or Agree. Further, when rating their agreement with I would have benefitted from greater guidance after the training on how to conduct the HFHY Program only 40% of participants indicated they Strongly agree or Agree.
Figure 39 Coordinator perception of the HFHY Program (for those individuals answering Strongly agree or Agree)
Coordinator program impact

Coordinators were next asked to indicate their agreement with a series of statements related to the impact of the HFHY Program. Once again, coordinators expressed high levels of agreement with most questions related the impact of the HFHY Program. The question with the lowest level of agreement was: *I have noticed a difference in the behavior of the youth in my community.* Only 60% of participants stated they *Strongly agree* or *Agree.*

![Figure 40 Coordinator perceived impact of the HFHY Program (for those individuals answering Strongly agree or Agree)](image-url)
Coordinator open-ended questions

Finally, the coordinators were asked three open-ended questions about the HFHY Program.

*How worthwhile was the HFHY Program as an investment of time, effort and money to influence youth to make safer choices?*

When asked about the merits of the HFHY Program, specifically in relation to the time, effort, and money, coordinators were generally positive.

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I believe it was very worthwhile. We have impacted many children and their families. This type of program has a ripple effect. We are a very tight community and parents ask other parents advice on bringing up their children. I’m sure that many families that didn’t come to the event have benefited from the information that was disseminated.

There was however, one individual who expressed a concern about the finances of the program.

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I believe it was a worthwhile program, but honestly after the deductions ($1000.00), the check was not enough to compensate for the time it took the program coordinator to put everything together. I believe the payout for the facilitators was fair.

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*How well did the HFHY Program provide youth with the knowledge and skills needed to make safer choices, and influence their attitudes, beliefs and intentions about drugs and alcohol?*

When asked about how well the HFHY Program provided youth with knowledge and skills, coordinators were once again extremely positive.

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Very well. The program was well-designed and gave age-appropriate examples. The videos with young people were high impact and the students could really relate to them.
Looking back on the HFHY Program what could be done differently to make a greater impact in your school/community?

When asked about what could be done differently, Coordinators offered several suggestions for how to improve the program.

Many shared it would be beneficial to increase participation, be it through expanding to new grades, or within those 7th grade participants. Expanding the program to other grades.

I don’t know exactly, but having done this two years in a row, I’m still searching for the key to getting people to show up. We had so many more register than showed and I gave so many reminders! I don’t know how to fix this.

Others felt the program should be shared beyond one session.

A follow up. I think one night is not enough to make a big change.

Other coordinators indicated they think the program should be shorter.

The program needs to be shorter, the information can be condensed and presented in less than 4 hours. Parents don’t have that much time to spend on this program, in one night.

Many participants also shared that the program worked well as is, and would not change anything.

It was a good program, I’m not sure you could make a greater impact.
If the program were to be run again next year, is there anything you would do differently? What would it be?

When asked what they would do differently next year, coordinators shared several ideas for how to approach the program. Many indicated they would focus more on recruitment and advertising.

I would spend more time, express the importance of this program to the parents and youth of my community.

Some shared some ideas about how they would handle the program finances.

Yes. Make sure my Finance office is informed of all finance issues and my staff gets paid in a timely manner.

Others provided other insights for project coordination including child care, offering the program multiple times, changing incentives, and scheduling.

Organize the younger sibling childcare more effectively...

More than one night

Maybe provide some kind of incentive for attendance. We bribed the kids with a skip assembly, but there has to be a way to bribe the parents!

The schedule for the evening events would be changed where other activities would not interfere.
Conclusion
Findings from the evaluation of the Healthy Families Healthy Youth Program help to demonstrate the short and long-term impact of the program. All individuals involved in the program, including adults, youth, facilitators, and coordinators, reported high levels of satisfaction with the program.

Immediately following the completion of the program, adults, and youth experienced improvements across multiple dimensions related to substance use communication and perceptions. Adults demonstrated increased familiarity with the concepts of pressure points and two-way conversations. Adults also experienced improvements in family norms related to substance use, perceived youth exposure to substances, and numerous dimensions related to the dangers of substance use. Youth experienced similar gains from pre to post, with increased familiarity with pressure points, as well as increased knowledge about youth susceptibility to addiction. Upon program completion, youth demonstrated improvements in anti-substance use family norms, perceived harm of substance use, and communication about substance use.

Adults and youth also demonstrated improvements in various measures three months after completion of the program. This provides evidence for longer-term efficacy of the program. From pre to follow-up, adults maintained high levels of familiarity with pressure points as well as two-way conversations. Adults experienced significant improvements from pre to follow-up in constructs related to program influence, communication about substance use, family norms about substance use, as well as perceptions of youth exposure to substance use. Youth also maintained high levels of familiarity with pressure points, as well as knowledge about youth susceptibility to addiction three months after the program. Youth displayed significant improvements from pre to follow-up in constructs related to: communication about substance use, perceived parental disapproval, perceived risk of substance use, and family norms about substance use.

HFHY Event at Little Red – Santa Cruz Elementary # 28 – Nogales

Adult and Youth comparison
Adults and youth were asked similar questions as a part of all the HFHY surveys. Although direct comparisons between adults and youth scores on the scales are made with caution, as the scales were slightly different for each group, they do provide useful insights into the effects of the program.
As demonstrated on the pre-surveys, both adults and youth came into the HFHY Program with negative perceptions of substance use. Over 96% of youth and adults indicated that it was *Very wrong* or *Wrong* for youth to use a variety of substances, on the pre-survey. These negative perceptions were maintained on the post and follow-up survey as well. Youth reported small increases in these negative drug perceptions, and adults experienced small decreases in these negative drug perceptions.

Analyzing the various matched scales for adults and youth, both groups experienced significant improvements in several different dimensions. From pre to follow-up, adults and youth both experienced significant improvements in communication about substance use. Further, from pre to follow-up, adults and youth both reported significant improvements in family norms about substance use.

In the three months after participating in the HFHY Program, higher percentages of adults and youth reported having a conversation about substance use within the past month. However, it is important to note that on the follow-up, 85.0% of adults reported having a conversation about substance use in the past month, while only 72.3% of youth reported a substance use conversation in the past month. As these were adults and youth from the same families, this difference represents a potential disconnect between adults and youth about substance use communication.

Adults and youth also were asked a question regarding parents and youth spending time doing fun things together. Once again, adults and youth maintained high levels of agreement with this question from pre to follow-up. Over 97% of youth and adult participants stated they *Strongly agree* or *Agree* they spend time together doing fun things.

On the adult and youth pre-surveys, participants were asked if it was difficult to discuss substance use with their parents or child. Many of the participants, both adults and youth, shared it was not difficult, with many participants sharing that their family has an open relationship. Adults and youth also agreed about how youth respond to conversations about substance use. Although some adults shared their youth responded negatively, the majority shared positive experiences in those conversations. This aligns very closely with the sentiments expressed by youth, who shared that conversations about substance use made them feel good.

Adults and youth were also in agreement when asked about which portions of the program were most beneficial. Both adults and youth identified learning about drugs (and the effects of drugs) and the family discussion part as most beneficial.

The improvements of adult and youth communication about substance use measured on the follow-up survey illustrate the importance of the HFHY Program. Many families reported this program was a useful tool in helping to get families on the same page in regards to substance use. While reporting high levels of overall satisfaction with the program, participants did offer suggestions for the program.
Recommendations
After examining the responses of adults and youth, facilitators and coordinators, there were several ideas mentioned repeatedly for how to improve the program.

- Increase local program advertising.
- Shorten the program.
- Shorten the evaluation process.
- Allow facilitators more flexibility in the delivery of the curriculum.
- Expand the program to other grades/schools.
- Time the program so there are no (or minimal) conflicts with other activities.
- Provide more hands-on activities in the youth session.
- Offer incentives for participation in the program/surveys
### Appendix 1:

<table>
<thead>
<tr>
<th>County</th>
<th>School Name</th>
<th>2017 Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apache</td>
<td>St. Johns Middle School</td>
<td>Sept. 19</td>
</tr>
<tr>
<td></td>
<td>Chinle Junior High School</td>
<td>Sept. 20</td>
</tr>
<tr>
<td></td>
<td>Window Rock-Tsehootsooi Middle</td>
<td>Aug. 24</td>
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<tr>
<td></td>
<td>Round Valley Middle School</td>
<td>Sept. 12</td>
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<tr>
<td>Cochise</td>
<td>Pearce Elementary School</td>
<td>Sept. 14</td>
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<tr>
<td></td>
<td>Joyce Clark Middle School</td>
<td>Sept. 21</td>
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<tr>
<td></td>
<td>Center for Academic Success (Douglas)</td>
<td>Sept. 19</td>
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<tr>
<td></td>
<td>Willcox Middle School</td>
<td>Sept. 12</td>
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<tr>
<td></td>
<td>Elfrida Elementary School (event is with Pearce Elementary)</td>
<td>Sept. 14</td>
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<tr>
<td>Coconino</td>
<td>Mount Elden Middle School</td>
<td>Sept. 13</td>
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<td></td>
<td>Sinagua Middle School</td>
<td>Sept. 12</td>
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<tr>
<td></td>
<td>Page Middle School</td>
<td>Sept. 22</td>
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<tr>
<td></td>
<td>Williams Middle School</td>
<td>Sept. 26</td>
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<tr>
<td>Gila</td>
<td>Rim Country Middle School</td>
<td>Aug. 23</td>
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<td></td>
<td>High Desert Middle School</td>
<td>Sept. 7</td>
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<tr>
<td></td>
<td>Miami Jr. High</td>
<td>Sept. 20</td>
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<tr>
<td></td>
<td>Hayden Winkelman</td>
<td>Sept. 19</td>
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<tr>
<td>Graham</td>
<td>Thatcher Middle School (2 events)</td>
<td>Aug. 24 &amp; 30</td>
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<tr>
<td></td>
<td>Ft. Thomas JH</td>
<td>Sept. 20</td>
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<tr>
<td></td>
<td>Solomon Elementary</td>
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<tr>
<td>Greenlee</td>
<td>Duncan Elementary (K-8)</td>
<td>Aug. 24</td>
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<tr>
<td></td>
<td>Fairbanks Middle School (5-8) (2 events)</td>
<td>Aug. 16 &amp; 17</td>
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<tr>
<td>La Paz</td>
<td>Wallace Junior High</td>
<td>Sept. 21</td>
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<td></td>
<td>Le Pera Elementary School</td>
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<td></td>
<td>Ehrenberg Elementary</td>
<td>Sept. 14</td>
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<td>Ehrenberg/Quartzsite (Quartzsite ESD)</td>
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<tr>
<td></td>
<td>Wenden Elementary</td>
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<td>Salome/Wenden (Wenden ESD)</td>
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<td>Maricopa</td>
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<td></td>
<td>Santa Fe Elementary School</td>
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<tr>
<td></td>
<td>South Pointe Junior High School</td>
<td>Sept. 14</td>
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<tr>
<td>Region</td>
<td>School Name</td>
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<tr>
<td>Navajo</td>
<td>Snowflake USD - Snowflake Jr. HS</td>
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<td></td>
<td>Show Low USD - Show Low Junior High School</td>
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<td></td>
<td>Holbrook Junior HS</td>
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<td>Pima</td>
<td>Utterback Middle School</td>
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<td>Lauffler Middle School</td>
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<td>Gallego Inter. Fine Arts Magnet School</td>
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<td>Pinal</td>
<td>J.O. Combs Middle School</td>
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<tr>
<td></td>
<td>Coolidge Jr. High</td>
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<td></td>
<td>Skyline Ranch (K-8)</td>
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<td></td>
<td>Eloy Junior High School</td>
<td>Sept. 11</td>
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<td>Santa Cruz</td>
<td>Coatinmundi Middle School- Rio Rico</td>
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<td>Calabasas School – Rio Rico</td>
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<td></td>
<td>Little Red – Santa Cruz Elementary # 28 – Nogales</td>
<td>Sept. 28</td>
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<tr>
<td></td>
<td>Wade Carpenter Middle Academy – Nogales</td>
<td>Sept. 20</td>
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<td>Desert Shadows Middle School Nogales</td>
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<td>Yavapai</td>
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<td>Mayer Elementary School</td>
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<td>Heritage Middle School in Chino Valley</td>
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<td>Yuma</td>
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<td>Centennial Middle School</td>
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<td></td>
<td>Crane Middle School</td>
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</tr>
<tr>
<td></td>
<td>San Luis Middle School</td>
<td>Sept. 9</td>
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